MEDICAL RECORD

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December 1945

Vol. 158, No. 12

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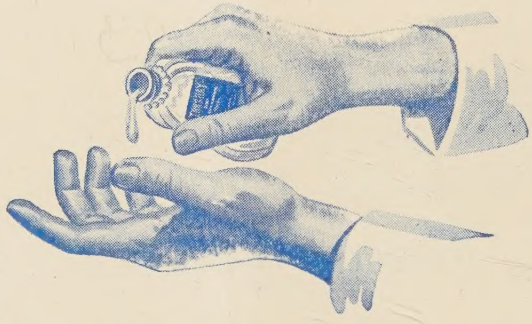

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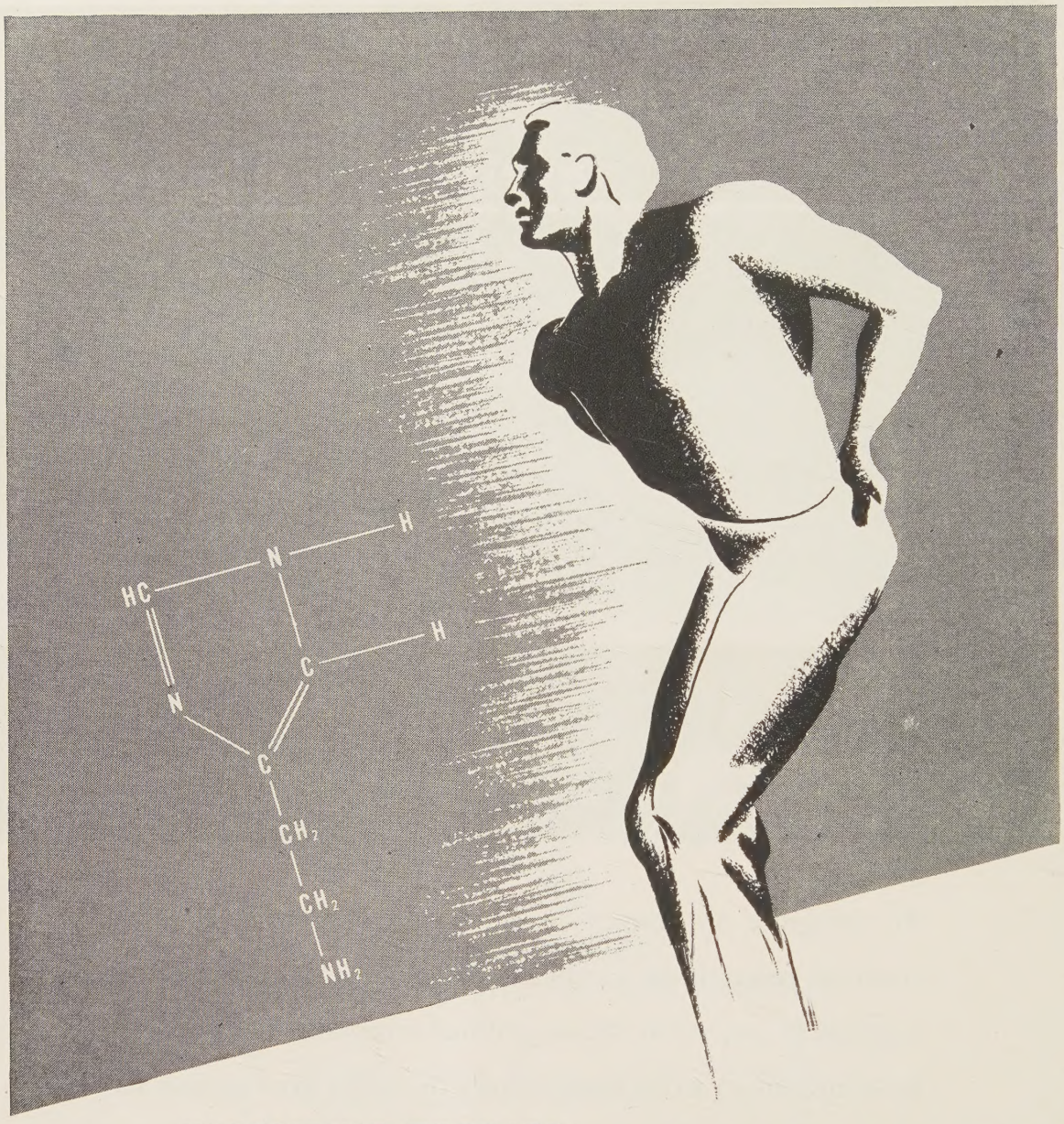

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DECEMBER 1945

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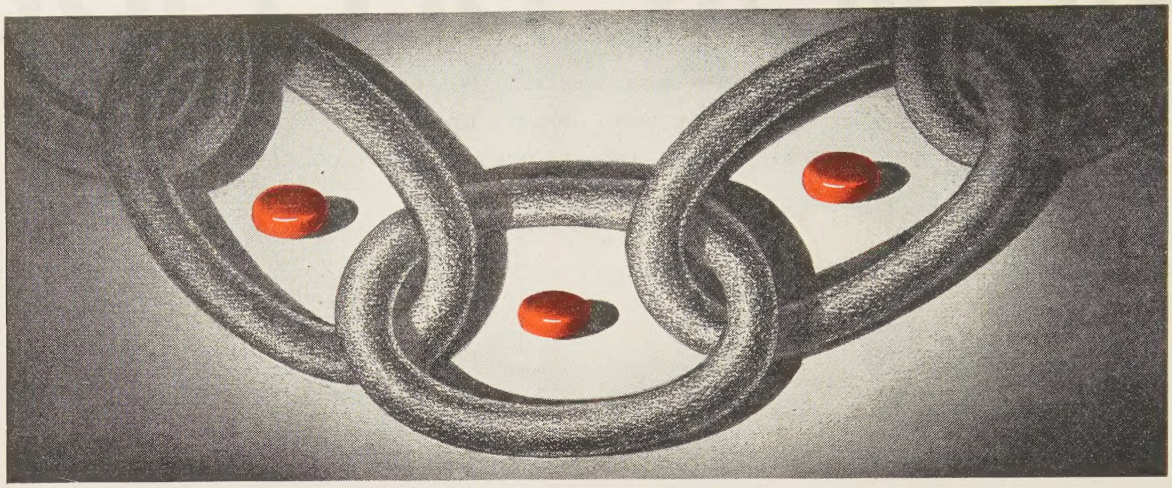

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Improved National Health in Postwar Period

The Institute of Life Insurance believes that the general application to the population as a whole of the many revolutionary discoveries of the war period, up to now largely used for members of the armed forces, is expected to be an important factor contributing to the reduction of mortality, and also, that the extension of medical research on a greater scale should hasten the discovery of controls in certain diseases which remain as major causes of death in this country.

Among the wartime health discoveries or activities which may benefit the population as a whole in the future are: revolutionary use of blood plasma; discovery of penicillin; extension of the use of the sulfa drugs; DDT for control of germ bearing insects; military research in both curative and preventive medicine; successful inoculation against typhus; new advances in plastic surgery; use of mobile x ray, operating, optical and dental units; uses of blood's by-products, such as red corpuscle transfusions for anemia, fibrin film as substitute brain covering, serum albumin for wound shock, fibrin's foam as a blood-clotter in nerve surgery, fibrin's use as a glue in skin-grafting, and the use of red corpuscles to paint wounds and reduce inflammation. These are only a few of the many discoveries which have contributed to the reduction of the death rate of wounded to three percent in the present army, compared with eight and one-tenth percent in the first world war. At the same time, the Army death rate from disease has been reduced to one-third that of civilians of the same group types, in spite of the greater hazards among the military, especially in overseas service.

About seventy-five percent of all the savings in lives since 1929 has been accounted for by the reduction in the death rates from tuberculosis, typhoid, influenza and pneumonia. The ravages of these four diseases alone have been so checked by the intensive efforts of recent years that in 1945 they will probably cause at least seventy-five thousand fewer deaths among policyholders than they would on the basis of 1929 death rates. The reductions in the annual death rates from the 1927-29 level to the 1942-44 level were as follows: tuberculosis, fifty-five percent; typhoid, ninety; influenza, eighty, and pneumonia, sixty percent.

Great strides have also been made in the reduction of deaths among children. The infant death rate has been cut in half in the same fifteen-year period and deaths from the children's diseases of diphtheria, whooping cough, scarlet fever and measles have been reduced to almost one-tenth the 1929 rate.

Colonel Frederic H. Thorne, M.C., Commanding Officer of Old Farms Convalescent Hospital, Avon, Conn., is retiring from the Army after twenty-nine years of service with the Army Medical Department. The greater part of his military career having been spent in the field of ophthalmology, Colonel Thorne was appointed head of the Army's rehabilitation center for the blind at Avon, Conn. in 1944, and has helped develop and extend the blind training program there.

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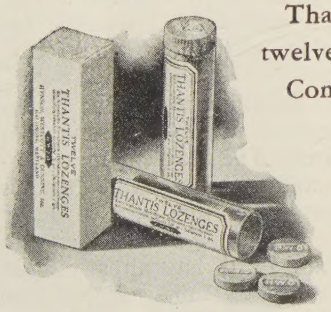

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Open Forum

A Physician's Introduction to the Atomic Nucleus

JAMES T. CLARK, M.D.
New York, N.Y.

Since the first atomic bomb went off it should be evident to the modern physician that the secrets of the atomic nucleus are now to play a large part in new medical discoveries and new treatments.

The modern concept of atoms and molecules dates back to the nineteenth century when John Dalton divided matter into two classes and called them elements and compounds. Any particular element such as silver, for example, consists of great numbers of minute particles called *atoms*. All of these particles are equal and alike in every respect. When two or more atoms stick together, the combination is called a *molecule*. When two atoms of different substances stick together we have a molecule of a compound.

Atoms were first thought of as very small hard particles with a force in the space separating them, and the different properties of various elements such as iron, silver, aluminum, etc., were attributed to differences in their shapes and the forces separating them.

Rough calculations were made in the nineteenth century of the size of the atom and these figures were nearly correct.

Lord Rayleigh was one of the first to estimate the size of the atom. He found out that a cubic inch of oil on water spread out into a film which covered one hundred thousand square yards of the surface and in this way he estimated that the film was approximately one one hundred millionth of an inch. This figure is almost correct. He assumed that this was the size of a molecule and that the film consisted of a single layer of molecules, oil being a compound, not an element.

When the science of electricity came along the concept of the atom changed somewhat and it became more and more evident that matter is not made up of solid particles but of electricity, and matter and electricity are one and the same thing.

In 1890 when many scientists thought that everything was known about the atom and electricity, a series of astounding experiments showed that the atom is neither indestructible or a solid particle but has many parts. The whole idea that such a thing as a particle is in a certain position at a certain time, has been found to be false.

The fundamental building blocks of the atom and of everything in nature are called electrons, protons, and neutrons and these three particles can be described as *charge-without-mass* (an electron), *mass-and-charge* (a proton), and *mass-without-charge* (a neutron).

To picture an atom we must picture a minute solar system with the nucleus or center playing the part of the sun and the electrons rotating around it in circular or elliptical orbits.

Let us first look at the electron. It is a particle which is about two thousand times lighter than the lightest atom which is hydrogen. Electrons are found in all kinds of matter and are a part of the atom.

Electrons were first discovered in 1897 by J. J. Thomson in England. It was demonstrated that negative electricity was emitted by certain metals such as tungsten and platinum when heated in a vacuum. Negative electricity leaves the hot metal in about the same way steam leaves hot water.

Thomson reasoned that negative electricity or electrons were minute particles all alike and having a definite weight and a definite electric charge. This reasoning of Thomson proved to be correct. Electrons can be obtained from all kinds of matter and can be knocked off the atoms of a gas by using x rays. Thus we see that the atom is not a hard indestructible particle but that it contains smaller and lighter particles which are the electrons.

The proton which forms part of the heart or center of the atom is a positively charged particle heavier than the electron. The charge is about equal to that of the electron.

To get an idea of the size of an electronic charge we find that the electricity which passes through the ordinary 40 watt 110 volt electric bulb in one second is equal to 2,300,000,000,000,000,000 times the charge of an electron.

The first principle the physician must recognize is Einstein's discovery that *mass* and *energy* are interchangeable. He must then consider the *biological* effects of nuclear radiations and how they can be applied.

From the physicist's point of view, the physician will see that the two radiations producing the most useful biological effects, that is, *hard electromagnetic radiation and neutrons,* do not, by themselves, produce any effects at all. Their action is produced by the *charged particles* they produce as a secondary product. Thus it can be concluded that the only reaction that nuclear radiation can produce on *living material* are those produced by *fast charged particles.* The neutron produces *heavy charged particles* as a secondary reaction.

The action of the heavy charged particle passing through matter is that *the particle acts as a field of electrical force to attract or repel the electrons out of their normal positions in atoms and so produces ionization and excitation with the emission of light.*

The heavy charged particles knocked forward by neutrons produce dense local ionization.

It can now be understood what happens when a charged particle is passing through tissue or other biological material which is in a state of chemical combination. *The moving field of electrical force* in acting on the *charged parts of atoms in the molecule,* produces disruption of the molecule. In addition to this the effect of the ionization can make it possible for unusual changes to take place after the original ionizing particle has *passed on.*

The consequence of this breaking up of the established order of things depends upon the tissue concerned in the particular case. The reaction may consist of chains of reactions and the final result depends upon how the tissue reacts following the primary ionization.

In the Crocker Laboratories it has already been shown that neutrons will slow up tumor growth and not harm normal cells.

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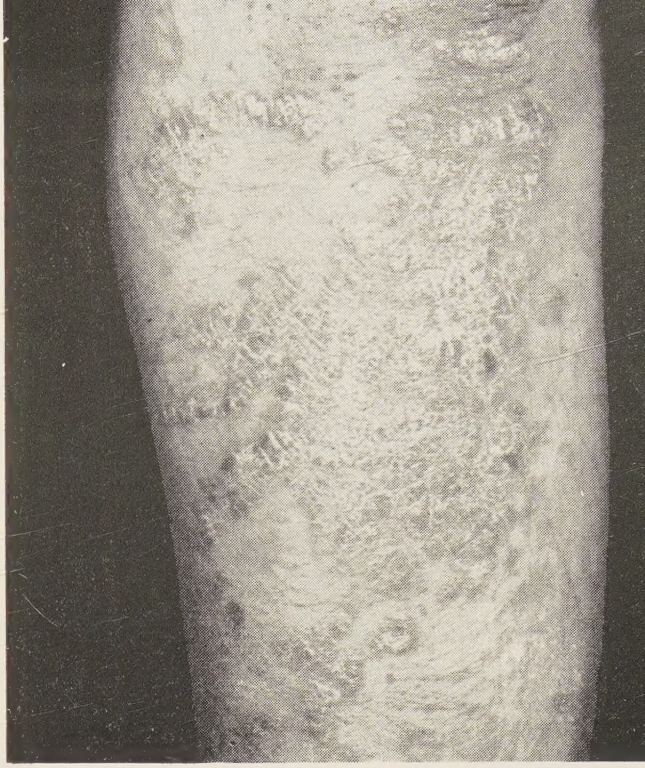

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Other effects of radiation to be taken into consideration are genetic changes, the effect on the skin, and the effect on the blood count. A gene is like a large organic molecule with a binding energy between any two of its atoms of about an electron volt. So, if a secondary ionized particle passes in the midst of a gene or near enough by it to produce an electrical effect, there will be a liberation of energy of about one hundred electron volts and the gene changes its original makeup instantly, and ceases to be a gene any more.

The effect on the skin or erythema is fairly well known and need not be discussed here. So far as the blood count is concerned, radiation tends to diminish the white cells and the proportion of the polymorphonuclear cells.

5 East Fifty-third Street

From Roentgen to the Era of Atomic Power

If humanity is to reap the full benefits of atomic energy, there must be free interchange of scientific information among nations, said Dr. Robert S. Stone, one of the scientists who helped to develop the atom bomb, in an address delivered on November 8th at a banquet held in Chicago to commemorate the fiftieth anniversary of the discovery of the x ray. The banquet was sponsored by the American College of Radiology, Chicago Medical Society, Chicago Roentgen Society, Chicago Institute of Medicine and the Physics Club of Chicago.

Dr. Stone has been on leave of absence for the past four years from his post as professor of roentgenology at the University of California to work on the government's atom bomb project at the University of Chicago and Oak Ridge, Tenn. In tracing the development of the x ray from its discovery on November 8, 1895, by Wilhelm Conrad Roentgen, a German physicist, to its present status as one of medicine's most valuable weapons against disease, Dr. Stone pointed out that scientists from all parts of the world shared in the creation of the science of radiology.

Describing the atomic bomb as a scientific descendant of the x ray, Dr. Stone predicted that atomic energy would result in almost unlimited expansion in the use of radioactive materials in the treatment of disease.

X ray therapy, he said, was already being used with satisfactory results in some four hundred diseases including cancer, leukemia and some eighty skin disorders, but the use of radio elements in the field of therapy was a problem that still required a large amount of work. The place of radiophosphorus in the treatment of leukemia was well established, he continued but with larger quantities available, larger numbers of patients could be treated by different physicians using various techniques of administration. The use of radio-strontium in the treatment of cancer of the bone and for other diseases, now can be tried in a much larger field than ever was possible before, he added. If science can develop a chemical which will lodge in cancer cells, it will be possible to attach a radio-element to the chemical which will check the spread of the cancer as well as attack the primary lesions, he predicted.

Dr. Stone also forecast an expansion in the use of

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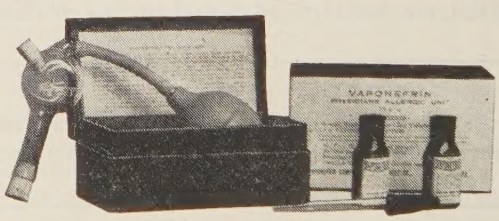

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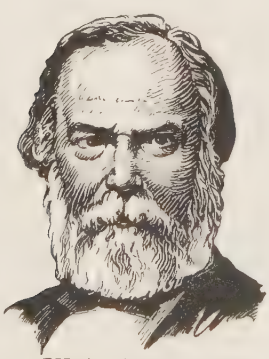
radioactive materials in diagnostic procedures. He pointed out that some radioactive substances already had been used effectively in the diagnosis of ailments of the thyroid glands, hardening of the arteries and other ailments. In closing, Dr. Stone said:

"To apply the science of radiology in the field of medicine, the radiologist must use the principles developed by the physicists and chemists, and the apparatus developed by the industrialists, the knowledge acquired in medical school, and apply it to the patients selected by the general medical profession. Such science knows no nationalism. Roentgen, a German, discovered x rays; Becquerel, a Frenchman, discovered natural radioactivity; Rutherford, a Canadian, determined the kinds of radiations; Thomson, an Englishman, discovered the electrons; Lawrence, an American, discovered the cyclotron. Thus we see that the progress of science jumps from country to country and advances are swift when the free interchange of scientific information is possible throughout the world. The Atomic Age is an international development. As some one has said, 'Let us not close the door, lest we lock out more than we keep in'."

Army to Release Twenty-three General Hospitals by January 1st

Release by the Army of twenty-three hospitals out of its wartime peak of sixty-five by January 1, 1946, has been announced by Surgeon General Norman T. Kirk. These hospitals will be offered to the Veterans' Administration or back to their former owners in the case of leased properties. Additional hospitals will be released after the first of the year, but the schedule for such release cannot be forecast at this time. It was pointed out that as the number of men being cared for in any hospital decreases to the point where it is uneconomical to maintain it as a separate institution, the patients and facilities are consolidated into more efficient and workable units. The peak patient load of hospitals in the United States, reached at the end of June 1945, was 318,000, and has been dropping slowly ever since, despite the influx of men from overseas theaters, which was more than compensated for by hospital discharges. The Medical Department estimated that by January 1, 1946, this total will have declined to about 220,000 patients, and that by June of 1947 there will be only 70,000 men remaining in Army hospitals. The general hospitals to be released are: Ashburn, McKinney, Texas; Barnes, Vancouver, Wash.; Battey, Rome, Ga.; Baxter, Spokane, Wash.; Darnall, Danville, Ky.; DeWitt, Auburn, Calif.; Finney, Thomasville, Ga.; Foster, Jackson, Miss.; Glennan, Okmulgee, Okla.; Hammond, Modesto, Calif.; Harmon, Longview, Texas; Hoff, Santa Barbara, Calif.; La Garde, New Orleans, La.; McCaw, Walla Walla, Wash.; Camp Pickett, Camp Pickett, Va.; Stark, Charleston, S.C.; Thayer, Nashville, Tenn.; Torney, Palm Springs, Calif.; Winter, Topeka, Kan. Other hospitals to be released are: Camp Forrest Hospital Center (Prisoner of War), Camp Forrest, Tenn.; Camp Butner Convalescent Hospital, Camp Butner, N.C.; Camp Pickett Convalescent Hospital, Camp Pickett, Va.; and Wakeman Convalescent Hospital, Camp Atterbury, Ind.



CHARLES EDOUARD
BROWN-SÉQUARD
1817-1894

Characterized by a biographer as a "scientific Ulysses," Brown-Séquard was a member of the famous school of physiologists which included Claude Bernard and Charles Robin. His sublimely imaginative experiments on the functions of the suprarenal glands and the gonads paved the way to fuller understanding of the nature of the endocrine secretions.

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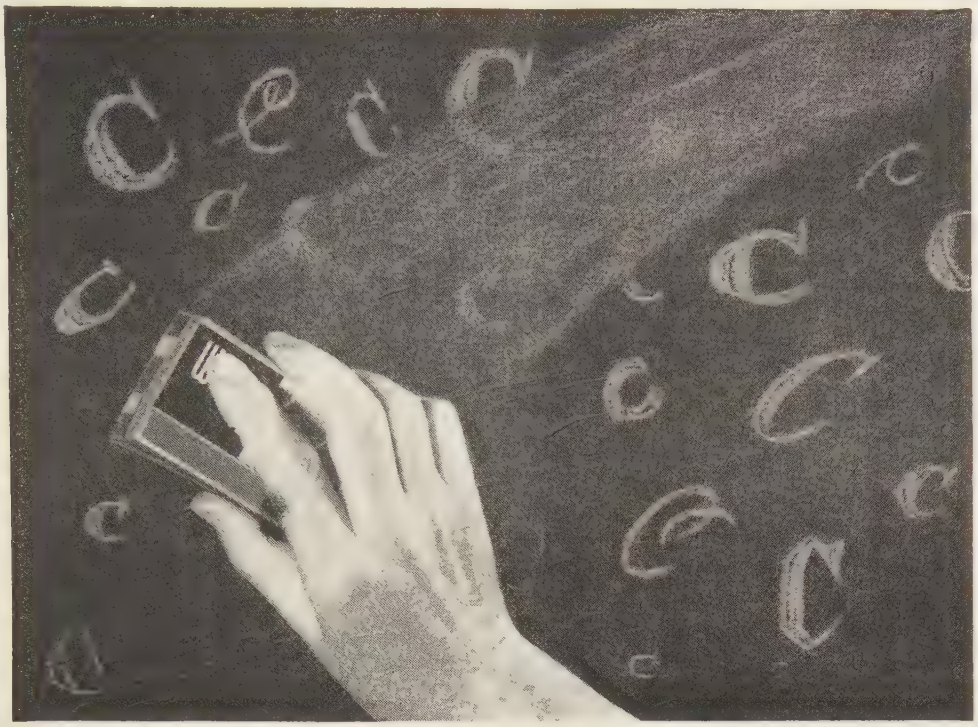

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Needless to tell you, Doctor, vitamin C is *not* a cure-all. But—recent literature is replete with reports of good results obtained from massive doses of vitamin C in various allergies, particularly hay fever; in convalescence; in infectious diseases and toxic conditions; in some cases of gingivitis and pyorrhea; and in many other conditions due to vitamin C deficiencies.

Heretofore, Doctor, you have been handicapped because of the gastric irritation and acid-shift effects that so frequently result from large doses of ascorbic acid; but now SODASCORBATE has opened new horizons in vitamin C therapy. For the first time the profession is offered a dry, *neutral* vitamin C in tablet form, free from the gastric irritation that so frequently results from large doses of ascorbic acid.

Now you can take full advantage of the *new* vitamin C therapy offered by "Soda-C" (SODASCORBATE). You can administer *full* and *frequent* doses of vitamin C without these undesired side-effects. Each SODASCORBATE Tablet contains 120 mg. of sodium ascorbate, equivalent in vitamin C activity to 100 mg. (or 2000 U.S.P. Units) of ascorbic acid.

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Supplied in bottles of 40 and 100 tablets, as well as in "hospital-size" bottle containing 500 tablets. For professional samples and covering literature, sign and mail the coupon.

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New York University-Bellevue Hospital Medical Center

New York University has announced plans for the construction of a $27,500,000 Medical Center on the East Side, of which its share will cost $15,000,000. The project will be known as the New York University-Bellevue Medical Center and Chancellor Harry Woodburn Chase has indicated construction of the University's section would begin in a year or two. New York City will spend $12,500,000 to rebuild present Bellevue Hospital area, which will adjoin the University's new buildings along First Avenue. The combined project will cover the nine city blocks between Twenty-fifth and Thirty-fourth Streets, First Avenue to East River Drive. The University's buildings will occupy a four-block area bounded by East River Drive, Thirtieth Street, First Avenue and Thirty-fourth Street—the section immediately north of the present Bellevue area. The City's new Bellevue development will extend from Twenty-fifth to Thirtieth Streets, First Avenue to East River Drive.

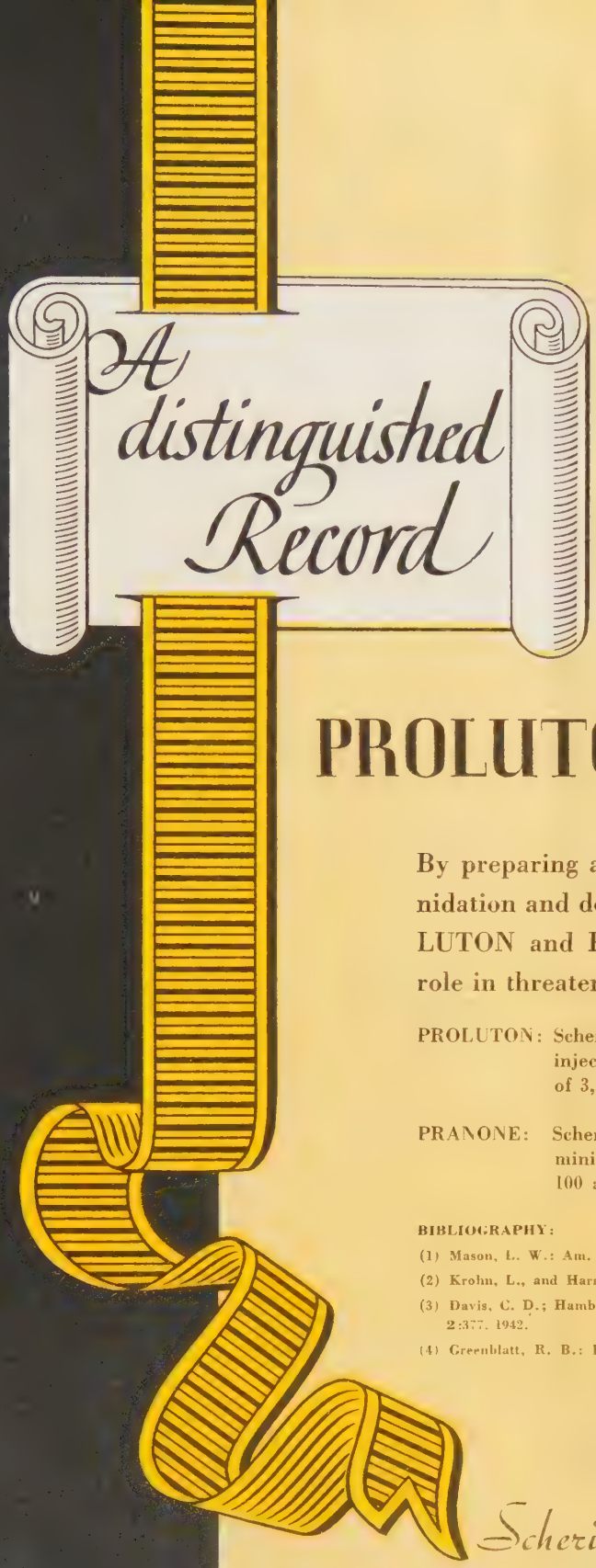
The University section of the project will include a new College of Medicine building, a University Clinic, and a 480-bed University Hospital, a 279-room Hall of Residence for medical students, a 500-seat auditorium, and an Institute of Forensic Medicine, the latter the first of its kind in the world. There will be six institutions housed in New York University structures. One H-shaped building to cost $8,500,000 will be nineteen stories high and contain the clinic on the bottom floors, the College of Medicine above that, and superimposed on them both will be a fourteen floor hospital. The auditorium (Alumni Hall) will be a separate building costing $500,000. The Alumni Association of the College of Medicine has undertaken the raising of funds and on October 16th reported advance contributions of $122,000.

Dr. Luther B. MacKenzie, past president of the Alumni Association and former member of the College of Medicine faculty, is general chairman of the Alumni Hall Fund Campaign. Dr. Hippolyte M. Wertheim, faculty member and vice-president of the Alumni Association, heads the Major Gifts Committee. Dr. H. M. Lore, faculty member, is chairman of the Metropolitan Solicitation Committee; Dr. Nathan B. Van Etten, former president of the American Medical Association, heads the National Solicitation Committee. Dr. Wallace B. Murphy, recently returned from military service and shortly to resume his place on the medical faculty, is chairman of the Service Men's Solicitation Committee. Dr. Hervey C. Williamson, president of the Alumni Association, is serving on the executive committee.

The Hall of Residence, to provide sleeping quarters for 270 students now living in rooming houses in the Bellevue area, will cost $750,000. On October 22nd, it was announced that $615,000 had been raised.

Officers of the Parents Association include Dr. Henry M. Scheer, Dr. Harry Wexler, Dr. Ralph L. Dourmashkin, Dr. Henry C. Falk, M. B. Blackman, Dr. Abraham Stone and Dr. James P. Croce.

The Institute of Forensic Medicine will be built by the city on land to be provided by New York University, and University faculty members will staff it. Its purpose will be "to train a new type of medical examiner with a view to replacing the old coroner system in the field of criminal investigation."



PROLUTON and PRANONE, parenteral and oral progestins respectively, have established a distinguished record[1-4] in the control of spontaneous abortion due to corpus luteum deficiency.

PROLUTON ☆ PRANONE

By preparing and maintaining the uterus for proper nidation and development of the normal ovum, PROLUTON and PRANONE often play a "life-saving" role in threatened and habitual abortion.

PROLUTON: Schering's pure progesterone in oil for intramuscular injection. Ampules of 1 cc.; 1, 2, 5 and 10 mg. Boxes of 3, 6 and 50 ampules.

PRANONE: Schering's anhydrohydroxy-progesterone for oral administration. Tablets of 5 and 10 mg. Boxes of 20, 40, 100 and 250 tablets.

BIBLIOGRAPHY:

(1) Mason, L. W.: Am. J. Obst. & Gynec. 44:630, 1942.

(2) Krohn, L., and Harris, J. M.: Am. J. Obst. & Gynec. 41:95, 1941.

(3) Davis, C. D.; Hamblen, E. C.; Cuyler, W. K., and Baptist, M.: J. Clin. Endocrinol. 2:377, 1942.

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TRADE-MARKS PROLUTON AND PRANONE — REG. U. S. PAT. OFF.

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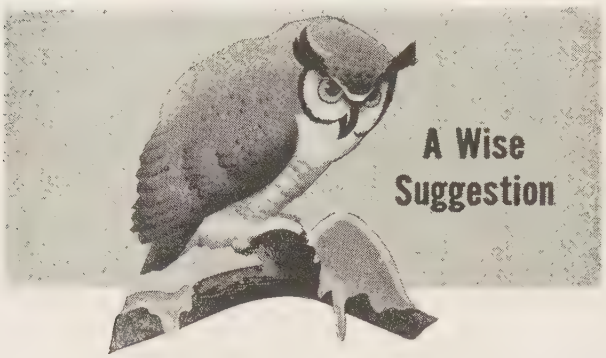

PERTUSSIN

a valuable Therapy for distressing COUGHS in

- Acute and Chronic Bronchitis
- Paroxysms of Bronchial Asthma
- Dry Catarrhal Coughs
- Whooping Cough
- Smoker's Cough

What Pertussin is: *An extract of thyme* (Process Taeschner) is the single therapeutic element in Pertussin. It is quickly absorbed and carried to the secretomotor center. Pertussin is highly beneficial in easing cough paroxysms not due to organic disease.

What Pertussin does: 1. Pertussin stimulates secretion of the tracheobronchial glands to relieve dryness. 2. It facilitates removal of mucus accumulation. 3. It improves ciliary action. 4. It exerts a sedative effect on irritated mucous membrane.

Pertussin is entirely free from undesirable side action. It is pleasant in taste, and well tolerated.

PERTUSSIN

For Children, Adults and the Aged

SEECK & KADE, INC. NEW YORK 13, N. Y.

Plans for Improving Psychiatric Care in General Hospitals

A program for increasing the psychiatric facilities of general hospitals and social service agencies is outlined in a pamphlet entitled *Psychiatry Comes of Age,* recently issued by the Federation of Jewish Philanthropies of New York. Now that a new conception of the nature and responsibilities of the general hospital is coming about, the pamphlet states that in the future these institutions will have to be equipped to offer total care to the mentally ill, as well as to those suffering from physical ailments. The improvements proposed by one of the Federation's medical centers include: Two hundred beds to accommodate patients suffering from organic diseases of the nervous system and from psychological and mental illnesses; a mental hygiene clinic; treatment rooms for administering proper therapy; operating rooms for surgical treatment of brain tumors and injuries to the head; an educational program for training young physicians in neuropsychiatry; clinical facilities for those requiring psychiatric service but not hospitalization; laboratory and research facilities, and a rehabilitation clinic to provide psychiatric service for veterans.

This is the third pamphlet in a series of six being issued during the Federation campaign, which seeks $21,000,000 for a building fund, which will be used to further research, and to expand and modernize 116 affiliated hospitals and medical and welfare agencies serving three hundred thousand people a year.

Streptomycin Production

Announcement is made by Merck & Co., Inc., manufacturing chemists, Rahway, N.J., that the construction of large manufacturing facilities is being started for the production of streptomycin. This new antibiotic is believed to be the most important medical discovery since penicillin and effective against a wide range of infectious diseases for which penicillin offers no cure. A production unit consisting of three buildings, including several large fermenters and with sixty thousand square feet of floor space, will be constructed at the company's plant at Elkton, Va., and a unit for drying and packaging the drug, with thirty thousand square feet of floor space, will be constructed at the company's plant at Rahway, N.J. The total cost will approximate $3,500,000. The new plant is expected to go into production early in 1946.

For many months, Merck has supplied military and other doctors with streptomycin for experimental purposes, from its pilot plant. Clinical study of the many possible uses of streptomycin will be continued as more material becomes available. Extracted from a mold in much the same manner as penicillin is obtained, streptomycin has activity against certain bacteria which are unaffected by penicillin. In this class are bacteria which cause serious infections of the urinary tract, certain intestinal ailments, and wound infections. Streptomycin already is considered the best known drug for the treatment of tularemia. It has proved highly effective in the treatment of influenzal meningitis, infections due to the Salmonella group, and cystitis caused predominantly by gram-negative organisms. Experiments lead to the hope that it will be useful in the treatment of other diseases, including undulant fever and possibly even tuberculosis.

DYSPEPSIA

the most common gastric disturbance

"Dyspepsia" due to hyperchlorhydria is the most common of all gastric disturbances. • • By prescribing Creamalin for the control of hyperacidity, the physician is assured of prolonged antacid action without the danger of alkalosis or acid rebound. Through the formation of a protective coating and a mild astringent effect, nonabsorbable Creamalin soothes the irritated gastric mucosa. Thus it rapidly relieves gastric pain and heartburn.

CREAMALIN

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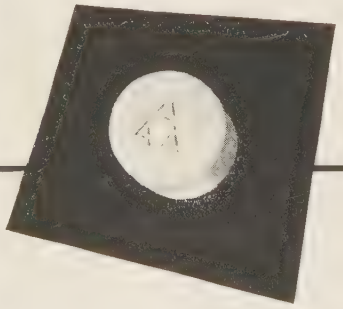
TABLETS



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WINTHROP CHEMICAL COMPANY, INC.

PHARMACEUTICALS OF MERIT FOR THE PHYSICIAN

NEW YORK 13, N. Y. WINDSOR, ONT.

Typhus Fever in Britain

H. L. Whitchurch Beach and John K. Rennie (*British Medical Journal,* August 4, 1945) present a report of four cases of typhus fever which developed in a hospital in Bradford. The authors believe that these cases are of interest inasmuch as typhus fever is rare in Great Britain, a review of the literature on its incidence showing that only one case was recorded in 1944. At present several cases are under treatment.

The four patients in the cases reported had been released from the same prisoner-of-war camp in Germany, in which typhus fever was said to be endemic. They were all disinfected by the routine procedure and upon arriving in England two days later were immediately transferred to a hospital where they were found to be free from lice.

The important clinical features of each case are described briefly. In cases I and III the attacks were fairly mild but typical. However they differed from the classical description of typhus in that delirium was not pronounced. These two patients, each twenty-five years of age, made an interrupted recovery. Case IV is of special interest as the sign of the disease developed twenty-seven days after disinfection, four days longer than the recognized limit of the incubation period for this disease. The patient had been in close contact with Case I throughout the illness of that patient, and the authors believe Case IV was obviously a secondary infection from Case I. The attack of typhus was of the abortive type in that the illness lasted only five days and the classical signs of the disease did not appear. In Case II, the patient suffered a severe attack and died in about two weeks after a diagnosis of typhus had been made. The authors believe that the death of this man, who was forty-four years of age, confirms the recognized fact that the mortality from typhus increases with the age of the patient.

Penicillin was administered to these patients for prophylaxis against the possible development of the secondary infections which are likely to occur during the course of typhus. Such conditions as bronchopneumonia, septic parotitis, and septic conditions of the skin have been common in the epidemics of typhus fever in Europe. No attempt is made in such a small series of cases to draw any conclusions on the effect of penicillin on this disease.

Korean Physicians Train in United States

Nine physicians from Korea, have begun a year of study in the field of public health, sponsored by the International Health Institute of the Rockefeller Foundation. Three of the physicians are attending Johns Hopkins University Medical School, three Harvard University Medical School, and three the University of Michigan Medical School.

The purpose of the year of training, as explained by General Kirk, "is to lay the foundation for a self-sufficient medical service for the Korean nation. For more than thirty years the Japanese have dominated all medical and other scientific work in Korea as well as its national and local government affairs. No Korean has been allowed to serve in a position of responsibility in the nation or in his own community."

IN REFLEX PHENOMENA

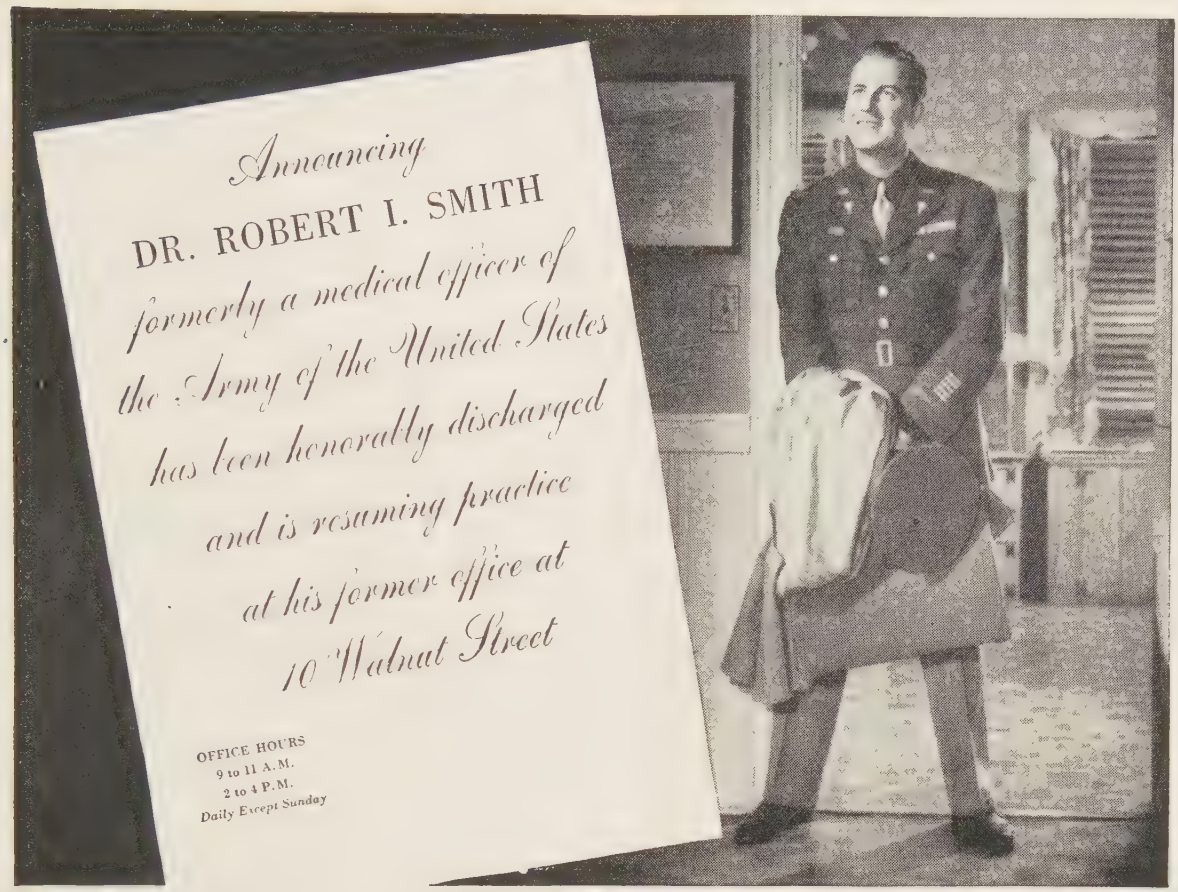
particularly with women and children, the marked sedative properties of

PASADYNE

give it a prominent place among the agents used in the control of these manifestations.

No depression follows its use.

JOHN B. DANIEL, Inc. ATLANTA, GEORGIA



Welcome Home, Doctor!

Warriors Without Weapons . . . Soldiers in White . . . Marshals of Mercy . . .

The medical men in the war will be the subject of novels, plays, and movies for years to come. But words, pictures . . . statistics, revealing as they are . . . won't begin to tell the whole story of the magnificent work you did. Nor will words be adequate to express fully the appreciation and thanks of your fellow men.

The makers of Camel cigarettes join with millions of others in saying, "Well done, Doctor" and "Welcome home!"

CAMELS *Costlier Tobaccos*

R. J. Reynolds Tobacco Company, Winston-Salem, N. C.

Refresher Courses at Western Reserve University

The School of Medicine of Western Reserve University, the Academy of Medicine and eighteen hospitals comprising the Cleveland Hospital Council will cooperate in providing special training for three different groups of doctors in need of refresher courses. Details of the integrated program have been announced by Dr. Robert F. Parker, associate professor of medicine in the School of Medicine, and chairman of the University committee setting up the medical school's contribution to the program. He said that the program was designed to be flexible enough to meet the needs of the graduate physician whose hospital training had been interrupted, the doctor who required a refresher course in civilian medical practices, and the civilian doctor who wanted an intensive brush-up on new technique. According to the Academy of Medicine, approximately eight hundred Cuyahoga County doctors were called to the armed services, with only seventy-five percent of them thus far returned to civilian practice.

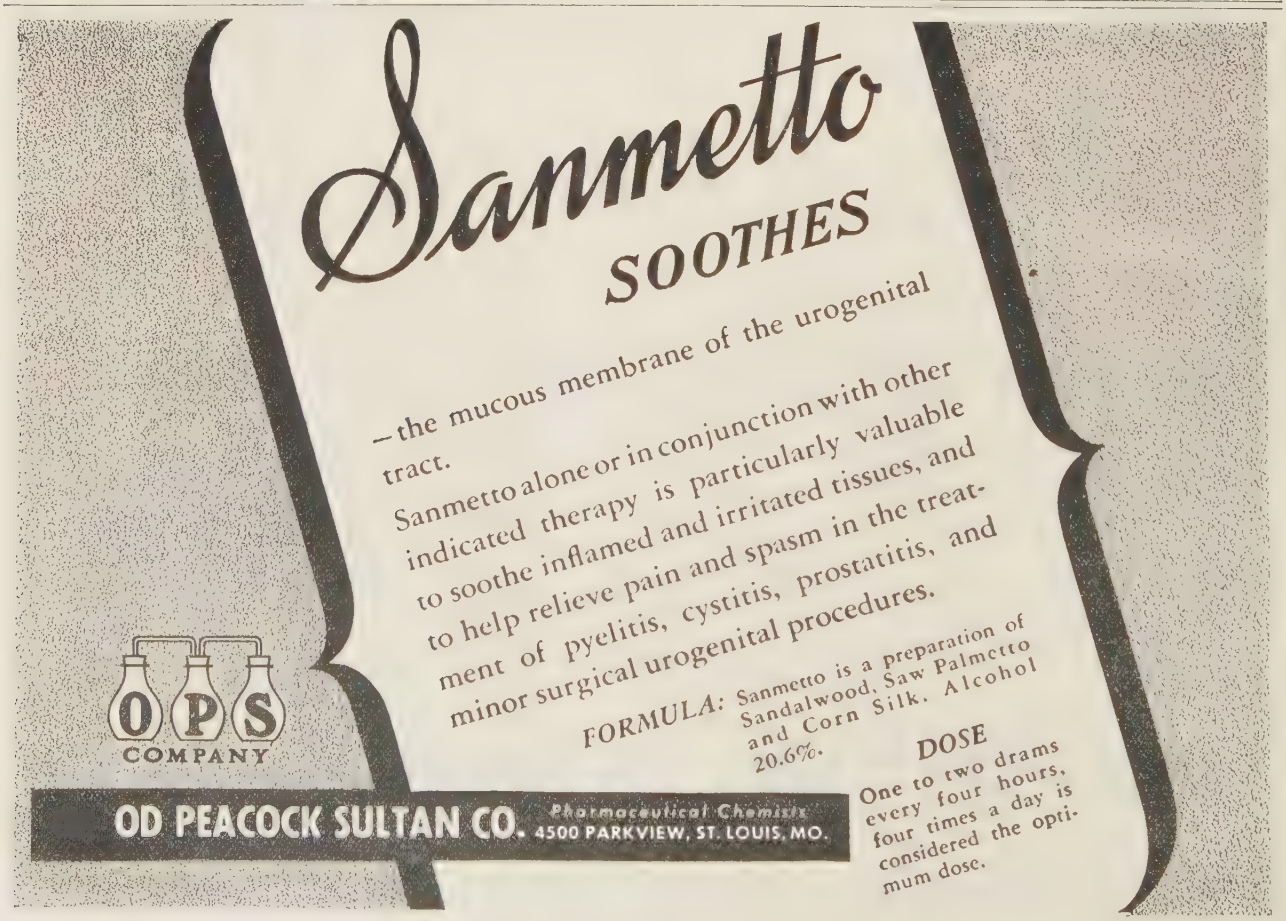
The first phase of the program will be handled by individual hospitals. The second phase has been developed for ex-Army and Navy doctors who have completed two or more years of hospital training, and for them, the Medical School will offer a three-month refresher course covering the fields of medicine, pediatrics and general surgery. The third phase of the program is a "graduate fortnight" for both former military medical officers and the civilian doctor who has has been too hard-pressed during the war years to keep up with latest developments. This is under a special committee of the Academy of Medicine.

Students may enroll in the refresher course on the first of any month in which there is a vacancy. The program will include a series of seminars on various topics, with free time allowed for reading.

Recent Research on Tryptophane

How tryptophane, one of the essential amino acids, may be used in improving human and animal nutrition, is described in a review of the published studies on this dietary supplement issued by the Special Chemicals Division of Winthrop Chemical Company, Inc., under the title *Recent Research on Tryptophane*. There is included in the review a bibliography of sixty-eight papers dating back to 1906; most of the studies, however, are dated 1943 and 1944.

In this pamphlet tryptophane is described as "one of the ten amino acids essential for the growth and maintenance of rats and one of the eight amino acids essential for the maintenance of nitrogen equilibrium in adult human beings." Both animal and human requirements are covered. It is pointed out that man's need for some form of tryptophane has been definitely established, and at present there is general agreement that the requirement for optimum health of the adult human is approximately one to one and a quarter grams per day. The occurrence of tryptophane in food proteins is presented in detail and the rôle of this amino acid in the action of sulfa drugs on bacteria is discussed. The review concludes that "the potentialities of tryptophane are vast."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SOOTHES
—the mucous membrane of the urogenital tract.
Sanmetto alone or in conjunction with other indicated therapy is particularly valuable to soothe inflamed and irritated tissues, and to help relieve pain and spasm in the treatment of pyelitis, cystitis, prostatitis, and minor surgical urogenital procedures.
FORMULA: Sanmetto is a preparation of Sandalwood, Saw Palmetto and Corn Silk. Alcohol 20.6%.
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One to two drams every four hours, four times a day is considered the optimum dose.
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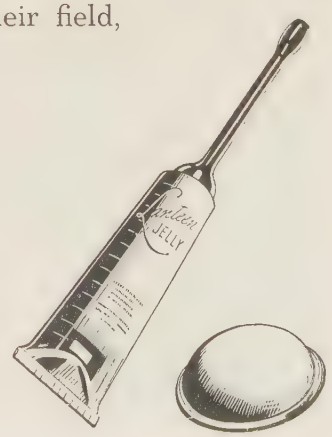
The United Nations Conference at San Francisco—where nations once at war were able to make great strides along the path toward world betterment—a marked step forward in the advancement of civilization.

Looking forward as always, Lanteen Medical Laboratories present another notable example of advanced thinking, in Lanteen Products, leaders in their field, produced under the most rigid scientific standards.

Since patients are not mechanically minded, simplicity and ease of handling are prime requisites for continued use. Lanteen Flat Spring Diaphragm is extremely simple to place—it is collapsible in one plane only. No inserter required. Distributed ethically—advertised only to the medical profession—available only upon the recommendation or prescription of a physician. Complete information upon request.



L A N T E E N

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Postgraduate Course in Industrial Medicine

In order to give doctors returning from war service an opportunity to enroll, the date for the presentation of the fourth annual postgraduate course in industrial medicine of the Long Island College of Medicine has been advanced to January 14th, according to an announcement by Dr. Thomas D. Dublin, head of the Department of Preventive Medicine and Community Health. The decision to hold the course for the three weeks beginning January 14th, instead of in October as in former years, was reached following the release of a survey by the Committee on Postwar Medical Service of the American Medical Association, which showed that approximately one out of five medical officers in service desired to practice industrial medicine on his return to civilian life, and that more than forty percent of them anticipated the need for special training in this field. Instruction in the course will be intensive and practical and emphasis will be placed upon health programs of workers under peacetime conditions. Morning, afternoon and evening sessions will be held each day during the three week period and lectures and seminars at the college will be supplemented by clinics and demonstrations in medical departments of cooperating industries, in various teaching hospitals and in governmental or other agencies active in the field. During the first week the program will be devoted to Medical Administration in Industry, in the second week to Internal Medicine in Industry and the Occupational Diseases and in the final week to Industrial Surgery. Provision will also be made for a limited number of those enrolled in the course to obtain subsequent additional supervised in-plant training in well established industrial medical departments.

The planning and arrangement of the course has been under the direction of the Industrial Medical Advisory Committee of the college of which Dr. John J. Wittmer, is chairman.

Synthetic Blood Plasma Developed by Germany

In a report on wartime chemical developments in the Reich, it was stated that Germany had developed a synthetic substitute for blood plasma when malnutrition among civilians made it impossible to produce enough natural plasma for her wounded troops. The report was made by a group of American scientists, who declared the plasma substitute played "an important rôle in German field hospitals."

The synthetic substitute, called "periston," is an organic material somewhat similar to gelatin and gum acacia, both of which have been used at various times throughout the world as blood substitutes. The rôle of such substances, which produce a thick liquid when added to water, is to restore lost blood pressure and blood volume until the human body is able to remanufacture its own blood. But both gelatin and acacia have produced dangerous after-effects in the body at times.

According to the American report, the Germans consider their new product superior to gelatin and acacia. More than two hundred thousand treatments were administered to members of the German Army "with practically no reactions," the report stated.

Through The Menstrual Years of Life-

THE frequency with which the menstrual life of so many women is marred by functional aberrations that pass the borderline of physiologic limits, emphasizes the importance of an effective tonic and regulator in the practicing physician's armamentarium.

In Ergoapiol (Smith), the action of *all* the alkaloids of ergot (prepared by hydro-alcoholic extraction) is synergetically enhanced by the presence of apiol, oil of savin, and aloin. Its sustained tonic action on the uterus provides welcome relief by helping to induce local hyperemia, stimulate smooth, rhythmic uterine contractions, and serve as a potent hemostatic agent to control excessive bleeding.

May we send you a copy of the comprehensive booklet "The Symptomatic Treatment of Menstrual Irregularities."

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INDICATIONS
Amenorrhea, dysmenorrhea, menorrhagia, metrorrhagia, in obstetrics.

ERGOAPIOL
••THE PREFERRED UTERINE TONIC••

DOSAGE
1-2 cap. 3-4 times daily.

SUPPLIED
In ethical pkgs. of 20 cap.

With children . . . "... the benzedrine inhaler can be satisfactorily employed for young children for the relief of obstructive symptoms in the nasopharynx due either to infection or to allergic edema. No untoward symptoms were noted from the use of the inhaler."

Vollmer, E.S.: Use of the
Benzedrine Inhaler for Children, Arch. Otolaryng. 26:91.

Benzedrine Inhaler a better means of nasal medication

In a recent survey of pediatricians, 77% were found to use Benzedrine Inhaler, N.N.R., in their practice.

Children accept Benzedrine Inhaler therapy willingly, and show none of the hostility which so often complicates the administration of drops, tampons, or sprays. Each Benzedrine Inhaler is packed with racemic amphetamine, S.K.F., 200 mg.; menthol, 10 mg.; and aromatics. Smith, Kline & French Laboratories, Philadelphia, Pa.

Letters of Fielding H. Garrison

SOLOMON R. KAGAN, M.D.

Boston, Mass.

(*Concluded from page 662*)

Sept. 29, 1927

Dear Doctor Robinson:

Many thanks for your letter of Sept. 15. I can understand how you feel, as I have just received a captious, scolding letter from Vienna, which I am not taking too seriously. Some of our European colleagues since the war have been so penetrated with the conviction that the world at large, and the U.S. in particular, owes them a living, that they are prone to forget what we *have* done, and so take a good deal for granted and almost demand things sometimes. However, in the Russian proverb, gratitude, as such, is a *fardeau* or burden, so we have to be mindful of their wartime and post-bellum sufferings and make allowances. You may recall Qurgenieff's wonderful little poem in prose about the big fest in heaven. Among other felicitations, gratulations and amicabilities, le bon Dieu introduces two "swell dames," viz., Benevolence and Gratitude. He finds, in the concluding sentence, that "since the world began, it was the first time that the two had met"—a little ray of real intelligence upon what we are up against.

F. H. Garrison

* * *

October 16, 1927

Dear Doctor Robinson:

In reply to your letter: I should not wish to be drawn into the matter you speak of, in any way, if I can help it. I appreciate your view and feeling about it perfectly and I am not particularly pleased with Dr. H.'s attempt to draw me into it anyhow, still less with his assumption that I had any financial interest in the Sudhoff book, the royalties of which, if any, would naturally accrue, in courtesy and honor, to Dr. Sudhoff. I should think anyone would know, in advance, that there is no money in books of that kind and that the publisher is always lucky if he comes out even. Usually such books are published, as I understand it, at the author's expense. My Billings biography, for instance, was published at the expense of the Billings family, and only a modest fraction of the limited edition was actually sold. It is human and natural, of course, for authors to fuss about their books, as being children of their fancy, but the concern about them should not be grandmotherly.

F. H. Garrison

* * *

April 26, 1928

Dear Doctor Robinson:

The enclosed, by Prof. Neuburger, are very good summaries, and I move that they be translated, if you can get it done. Will you please return them with the MSS., if you can get the translations.

F. H. Garrison

* * *

June 9, 1928

Dear Doctor Robinson:

Thanking you for your letter, I should be greatly obliged for the corrections, as I am now running through my page revises. If you will kindly jot down any errata or corrigenda you may care to note in the Cumulative Q. Index, I shall be glad to bring them to the attention of Dr. N. I do not read the proofs, I am thankful to say. My eyes are 57 years old, and at that phase, proof-reading of consequence is unthinkable—i.e. in such work, we only see what we are predestined to see, anyhow, and the ocular age, like the mental age, does not always coincide with the physiological or personal age.

I hope to send you the Neuburger bibliography in a few days and have Ruhräh's transl. of his Mexican Medicine. That will make 8. We only need two to four more, which will be plenty, I think. The printing is at your convenience.

Hoping you will enjoy your European trip, I remain,

F. H. Garrison

P.S. The Jacobi was admirable and recalled the only gentleman, as I remember him, vividly. I hope it will appear as a book. I would suggest including an anthology of excerpts from his writings and utterances (aphorisms and epigrams) and you are at liberty to use any of those I assembled in the Annals obituary, if you wish. A great many more could be gleaned from the Collectanea.

Sept. 24, 1928

Dear Doctor Robinson:

Whenever you have returned from Europe and hoping you had a pleasant vacation over there: I have, in addition to the enclosed, Ruhrah's translation of "Mexican Medicine," and expect another from Krumbhaar (on Schiller) and possibly another from Jelliffe on some neurological theme. If you still feel inclined to go through with this, I move that we close up the MSS. now, in anticipation of Neuburger's birthday (Dec. 8 proximo) and, should you care to comply with his request that the little book might appear about that time, it might be well to send what MSS. you have to the printer at once. The arrangement of the papers is not material and I can leave all that to you. I could not tackle the foreword until all the proofs are in, indeed shall be rather busy until about Thanksgiving day with work of imperative type, that has to get itself done somehow. You have put a good deal of money into these kind ventures for colleagues and I know not how to advise, but I also feel that you are quite competent to form your own judgments and make your own decision. I naturally feel embarrassed in this relation by N's importunities in the matter, but that is something, as you have found, which neither we nor he himself can control, I fancy.

Hoping to hear of your European experiences and with kind regards,

F. H. Garrison

* * *

Sept. 29, 1928

Dear Doctor Robinson:

Thanking you for your letter and the very interesting table of contents of your book: The enclosed, now shaped up, will explain itself. The translation starts out very wretchedly and amateurishly, but improves as it goes along, so did not give me the trouble I had anticipated. The bibliography has been corrected and only awaits retyping when Coupal returns. I will write about the other two versions in the offing. Meanwhile, I would suggest printing the material on hand as soon as feasible, since you are for doing it, as we have only two months or so before Dec. 8.

F. H. Garrison

* * *

October 24, 1928

Dear Doctor Robinson:

Enclosed is the Neuburger bibliography. A translation of the Schiller article by Krumbhaar is to follow. Dr. Jelliffe writes that he will not have time to do another. You are therefore in position to begin printing.

F. H. Garrison

* * *

November 27, 1928

Dear Doctor Robinson:

Your kind letter of November 7th reached me just as I was starting on a medical tour of the west from which I have just returned. If you will kindly send me the two bibliographies of Neuburger, I will ask Major Coupal to combine them so as to be as complete as possible.

I can appreciate your feelings about the way in which people pilfer other men's material and naturally subscribe to your views. I congratulate you on the 100th issue of Medical Life. I have yet another translation from Neuburger from Krumbhaar which I hope to send you in a few days—now enclosed herewith.

F. H. Garrison

* * *

March 11, 1930

Dear Doctor Robinson:

Thanking you for yours of March 7, I enclose title-page of the Neuburger book, with a slight, but it seems to me, necessary correction. Do you wish to specify that Neuburger is Professor of History of Medicine in the University of Vienna? I think it would be best to send individual galleys to individual authors and page-revises to me (galleys and preface to me, of course) but if you prefer to handle the galleys in your office (I think the printer's copy is fairly clean and legible), I shall be glad to do the page-revises when they are assembled—I think I could handle the whole matter better in toto and in page shape.

I am rather handicapped by a couple of septic fingers just now, which have given me some trouble, but are coming around all right. Can you send the data I mentioned in my last to Dr. Krumbhaar direct.

F. H. Garrison

FELLOWS'

COMPOUND SYRUP

FORMULA:
Each fluid drachm contains:

Strychnine Hydrochloride	Gr. 1/61
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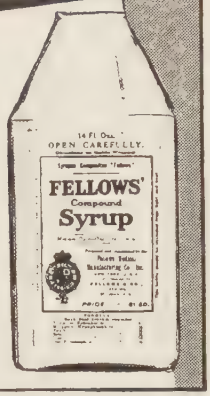

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A STABLE PREPARATION OF IODINE

IODINE

ORGANICALLY COMBINED

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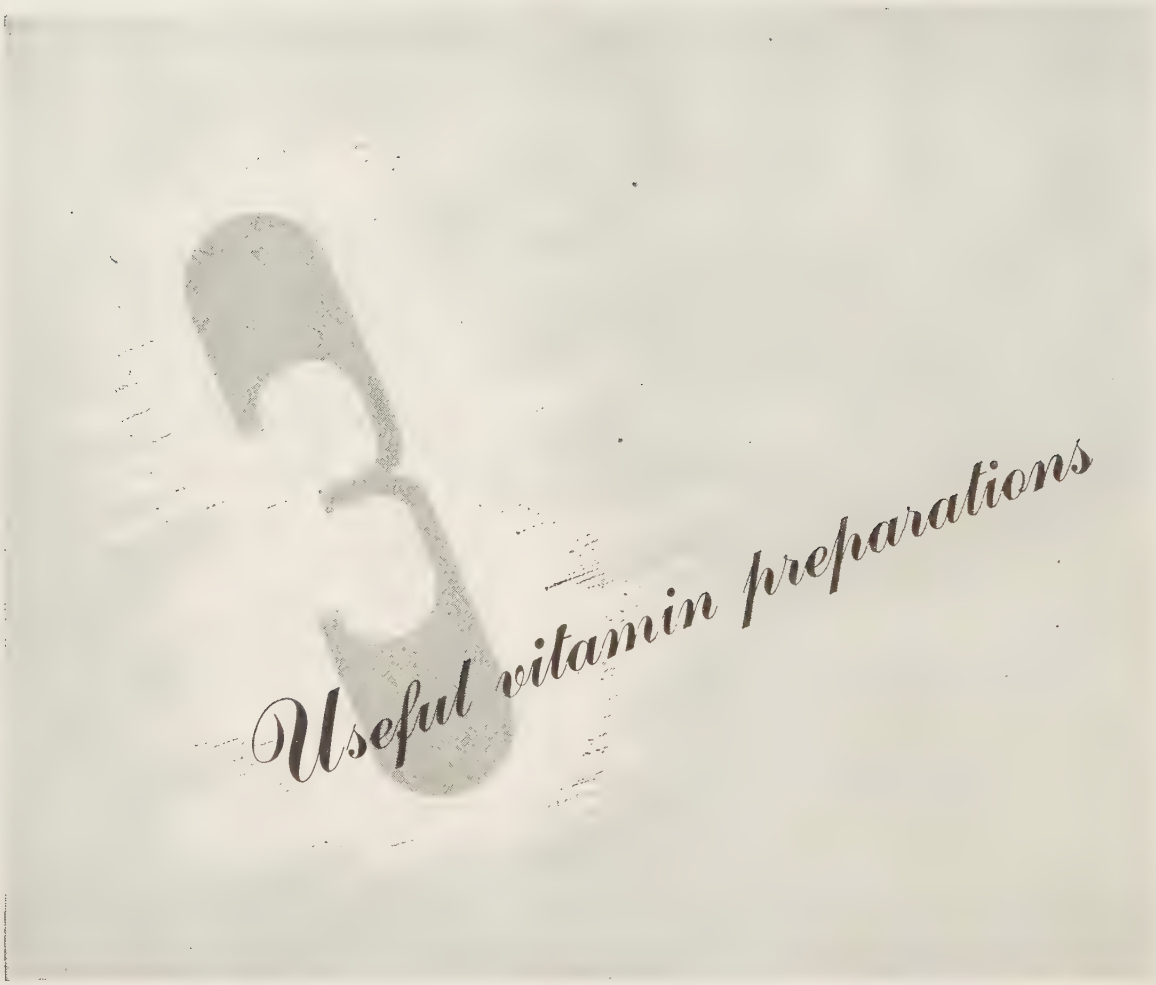

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SUGGESTION IN MEDICINE

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Every doctor, whether he realizes it or not, uses suggestion in the treatment of his patients. A doctor uses the prestige of his position to make his suggestion more effective. This prestige, achieved in various ways, is invaluable to him.

A fine-looking, well-dressed physician, in a hospital or in an exclusive, well-located office, commands prestige, and his prestige is enhanced when the patient learns of his background and experience and sees his diplomas from recognized institutions. Because this engenders in the patient a feeling of confidence, it increases his suggestibility. The doctor whose personality is professional and forceful establishes confidence. Whatever he says becomes more effective, as his personality constitutes suggestion.

Some physicians know just what to say to each patient, when to say it, and under what conditions it should be said. They quickly sense what is best left unsaid. Whether this is called tact or "a bedside manner", it is definitely suggestion. Some physicians understand the use of psychology intuitively; others acquire it by reading; some, unfortunately, never learn it.

A doctor advised a patient to have his appendix removed, but the patient did not follow this advice. Another physician, using better suggestion, made the same diagnosis and gave similar advice to the same patient. This time, however, the patient made a quick decision for hospitalization and an operation. This happened only because the second doctor used better suggestion. Some patients have little confidence in doctors, but this confidence increases when several doctors tell them the same thing. Where there is a "summation of stimuli" resulting from several identical diagnoses, there is a "cumulative suggestive effect" on the patient. Only then does he begin to feel, believe, and act in the direction suggested. A physician's personality also aids in the effectiveness of the suggestion he gives a patient.

Another factor in the effectiveness of suggestion is the varying degree of suggestibility in patients, caused by personal inner traits, complexes, peculiarities, and past experiences. Some patients think they grow worse under the treatment of one physician, but when similar care is given by another, these same patients improve. Many illnesses are self-limited. The patient will get well if left alone. We all know of sick persons who have recovered without a doctor. Some patients respond to sterile water hypodermics, some to charcoal pills, and others to good or even bad tasting medicine. Patients vary as to treatment needed; some recover with only a specific medicine, while others get well as a result of "words" spoken by a psychologically-minded physician. There are patients who make no progress either with or without medicine, and their condition is made worse because of what the physician may say or fail to say. A well-trained, experienced doctor should be able to recognize quickly whether a patient needs medicine, words, or a combination of the two for proper treatment. Some surgeons help patients recover more quickly by what they say before and after the operation; other surgeons prolong and aggravate an illness, because of discouraging suggestion used. Then, too, there are incurable malignant conditions which psychologically-minded physicians can ameliorate or help a great deal.

It is important for physicians and surgeons to know a great deal about suggestion-psychology. A doctor should not escape through the wishful-thinking that he knows enough psychology for his purposes or that he will learn more some day. He should avoid the rationalization that he does not need this knowledge. Instead, he should make a systematic, scientific effort to distinguish between psychological methods that are bland, those that are harmful, and those that are therapeutic. This psychological treatment is based largely upon suggestion.

Such treatment may be good or bad, regardless of whether it is used by a doctor or by a layman. It is a tool which may be used for either "tearing down" or "building up" another person. It may increase the patient's confidence in himself, in his ability, and in his physical or mental status as well as in that of others. On the other hand, if it neglects symptoms or stresses them too much, it may produce hindrances. It may add the imaginary complications of nonexistent ills, and may hinder by exaggerating mild deviations from the normal that exist.

Christian Science uses some principles of suggestion as a major technique in its therapy. Because of this use of suggestion, Christian Science has done a great deal for its practitioners, in ailments of a functional and psychological nature. Many religions, cults, and practitioners use suggestion as a basis for their therapy. In some somatic, bacteriological and other organic conditions and states, the mere hypothesis that disease does not exist cannot be maintained. Suggestion is not a

cure-all but its value in therapeutics should not be underestimated. When it is properly used, under indicated conditions by those who understand it, suggestion becomes therapeutically invaluable.

Suggestion is sometimes so powerful that it may cause death. It may also produce temporary, permanent, qualitative, or quantitative changes. A combination of medical therapy and suggestion will either release or repress memories, and thus aid in the physical and mental treatment of the patient. The combination of autognosis, reeducation, and a feeling of security brings about the most encouraging results in psychotherapy. A patient finds, after certain forms of suggestion have been used on him, that he is able to use suggestion on himself as well as upon others. He becomes capable of controlling his own mind when the unconscious ceases its resistance and thus permits the conscious to assume control. Quiet, calm, repetitive, dramatic, and visual suggestion brings results, if there is no opposition from the patient and others. Even though the intellect is static when the patient's mind is in a half-sleepy, passive state, suggestion succeeds in producing effects. It is important that the subject be relaxed during the operator's treatment. Should a subject become anxious, tense, or uncooperative, little can be achieved. A frightened, tense swimmer sinks because of panic, when he might, if calm, conserve his energy and swim to safety. Removal or control of fear and doubt, intensifies the effectiveness of suggestion. A patient can help himself by autosuggestion, which he can practice before retiring and upon awakening. The prevention of mental conflict by reeducation and autognosis, and the avoiding of negative autosuggestion, can be successfully accomplished through repeated suggestion on oneself.

Suggestion and autosuggestion have been found extremely helpful in the control of speech defects, such as lisping, lalling, stammering, stuttering, and hesitant and negligent speech. They have also helped in the treatment of alcoholism, enuresis, habit spasms, obsessions, compulsions, phobias, mental upsets, and mild drug addictions. Frequently, when suggestion and autosuggestion do not achieve the results that are hoped for, mental analysis or psychoanalysis must be resorted to.

Suggestion can be used to correct a bad habit, whether it be mental or physical. Both functional and organic disorders can be helped through suggestion, especially when it is coupled with other recognized forms of therapy. The more skillful the doctor is in the use of suggestion, the better healer he becomes.

The doctor, who in this case becomes the operator, must be positive in his attitude. He must never permit a patient to doubt his ability to treat him, though he should avoid making wild promises. A doctor must be sympathetic and tactful, for a tactless operator will have difficulty in using suggestion. It often takes time to reeducate the subject so that he will react properly when receiving the treatment. The operator, if he knows how to use suggestion, can train the subject to be passive and receptive. He must use his voice so that it has the proper tonal quality necessary to put his ideas across most effectively. The physician must make a patient feel cooperative and anxious for achievement. Persistence, constant repetition, and cooperation must bring results.

It is important to understand that suggestion differs from psychoanalysis in that suggestion does not concern itself with conflicts as the cause of illness. It also disregards the dynamics, or the motives, of mental difficulties and of emotional states. In fact, suggestion often becomes an arbitrary and forceful blocking of mental processes, which prevents uncovering the causes of a neurosis and of kindred defects.

Suggestion does not recognize conflicts, their causes and workings, nor how to handle them; but instead, it teaches the individual to solve his problems on the basis of the operator's ideas and opinions. The operator attacks the neurosis by attempting to rid the patient of the symptoms, regardless of the causes. In addition to suggestion, some doctors when they reach the psychological moment, train the patient in autognosis and proceed to reeducate him. The confidence of the operator induces the subject to believe in him, follow him, and do as he says. In suggestion, as well as in analysis, the subject, because of confidence in the operator or analyst, transfers his feelings and trust to him.

In some instances, it is necessary for the subject to be told the causes of his difficulty. At times, he will refuse for various conscious or unconscious reasons to learn the truth. It may, on the other hand, be more practical for him not to know the causes of his difficulty, but instead to follow the advice of the operator blindly. In some situations, knowledge of the truth is essential, in others, ignorance is essential, and in some instances, both methods of handling the patient must be considered. In any event, it can readily be seen that psychoanalysis and suggestion approach psychotherapy from different angles. At times, both techniques may be used on the same patient. This may be considered unorthodox analysis. In many cases, this modified technique brings outstanding results where the orthodox method fails.

Use of Suggestion in Various Forms of Treatment

In the past, suggestion has played an important part in various treatments; in the forms of magic, mystery, animal magnetism, herbs, Yogi, numerology, various kinds of religious treatments, fortune telling, chiropractic, "miracle cures", naturopathy, hydroelectroheliopathy, mud packs, and other strange forms of pseudotherapy. More recently the use of suggestion has been the major technique of Christian Scientists, but often not recognized as such. Evangelists, some religious services, and many religious healers, capitalize on suggestion, as do certain psychologists, spiritualists, naturalists, and even physicians. Vacations, milk cures, diet cures, hydrotherapy, electrotherapy, and medicines all have suggestive value. Although, unfortunately, quacks, fakers, and faddists also make use of suggestion, it must be remembered that suggestion can be used in an efficient, and what is even more important, an ethical manner. Because suggestion is abused and misused by some, it does not follow that it should be excluded as a form of psychotherapy any more than that morphine can be excluded in medical therapy because it has been misused.

Much of the mystery of Yogi lies in a temporary cure brought about by suggestion. The "miracle cures" which we read about in the newspapers are carried out by "holy healers" who know how to make people believe in them and who know how to use suggestion.

"Miracle healers" know whom to select as their subjects. Hysteria and emotional conditions, frequently induced by the wrong kind of suggestion, lead to socalled "miracle cures", when the right kind of countersuggestion is applied. Miraculous cures through suggestion work largely upon functional aberrations and seldom upon genuine organic disorders.

Divine healers attain their prestige through our unconscious identification of them with God and with our fathers in whom we have confidence. A religious healer can be of no help to a person who is organically ill or one who hates his father or who has no faith in the Divine. Though spiritual healers often use suggestion effectively, they should not work without the aid of a physician because they may overlook organic conditions, which as laymen they are unable to recognize. As a result the patient sometimes becomes worse or may even die. When organic conditions have been ruled out, religious healing may be effective. If an organic pathological state exists, religious healers should consult regular physicians and surgeons in order to carry out the proper therapy. If a patient has an imaginary pain or an imaginary emotional disorder, a religious healer who knows suggestion may help him very much. However, the same symptoms or new ones may return in time. Pain is frequently a sign or symptom of other troubles. It may be a symptom of tension alone, of infection, abnormal growth, fracture, or of abnormal functioning. The operator must be able to distinquish between these. Suggestion used as a means of controlling behavior can also be used in the treatment of mental, physical, and emotional ailments. Suggestion has been referred to at various times as mysterious, occult, divine, devilish, odd, "quackish", and eccentric, because it has been associated frequently with mystery, religions, cults, and hypnosis. Though suggestion can be abused, it has a definite therapeutic value, which should be made use of by every physician.

Some clergymen, actors, and other people in the public eye dramatize themselves through suggestion in order to convey their teachings. Although it is true that suggestibility varies with individuals and with circumstances, the tendency to action as a result of suggestion nevertheless is instinctive. Even a person without formal education, may produce changes in the attitudes, ideas, beliefs, principles, prejudices, and emotional states of others, if he understands suggestion and how to control the conditions which are associated with it. No honest thinker can doubt that changes may be brought about by those who have made a deep and practical study of the uses of suggestion. It is easy to learn the laws and principles of suggestion.

To summarize: Ideas lead to action. It is the purpose of suggestion to exert, influence, create, and intensify an idea with the object of producing specific attitudes, feelings, and desired behavior. In its various forms, suggestion illustrates the principle that every mental impression strives for expression and that every mental picture strives for realization.

Much has been said about suggestion in medicine, but its effectiveness is dependent to a great extent on the autosuggestion which the patient uses on himself. The following case illustrates the power of autosuggestion, and the difficulties that may arise through its misuse. A rich old man, who had been an invalid for many years, consulted two prominent physicians who disagreed in their diagnosis of his condition. He then said that he would gladly be treated by any three doctors who could agree on a diagnosis. Many physicians were subsequently consulted; their diagnoses and remedies were kept in a special book, with the following astounding results: the book was in the form of a large folio ledger. In the first column were listed four hundred and seventy-seven consultant doctors who all disagreed; the second column, listed three hundred and thirteen statements as to the diagnosis; and the third column listed eight hundred and thirty-two prescriptions. At the bottom of the page was given the sum total of the fees paid out. Where physicians differ so widely in diagnoses the causes of an illness must be looked for in the faulty autosuggestion of the patient and also in the principles of both conscious and unconscious psychology.

A well-known physician advised doctors to give medicine to persons who expect it even if the doctor himself does not believe it is needed. "Give your patients colored water if necessary but do not tell them what you are giving them." It will have a therapeutic value in many instances, if combined with the right kind of psychology and a working knowledge of suggestion and autosuggestion.

During the plague of 1625, a message came from the Prince of Orange that an invaluable specific would arrive. Several vials were received and a few drops of the medicine were poured into each gallon of water. Thousands who had been bedridden for weeks began to walk and thousands who had used other remedies unsuccessfully were restored to health. The medication was only colored water, but this the people did not know. This illustrates the simple use of suggestion and autosuggestion in medicine.

The famous physician, Magendi, in addressing a medical group said: "Medicine is a great humbug. It is called a science but it is nothing like a science. Nature itself is the great doctor, imagination much greater, and doctors do devilish little when they do no actual harm." Magendi asserted that from three to four thousand patients had passed through his hands. These he divided into three classes. The first, he loaded with medicines. To the second group, he gave innocuous red pills and colored water without letting them know what they were getting. To the third, he gave no medication. The last group fretted a great deal, felt neglected and complained that they were very sick people but they made the greatest recovery. Little mortality was found among those who received the red pills, but the greatest mortality existed among those who had been carefully drugged.

Dr. Oliver Wendell Holmes said: "I firmly believe that if the whole materia medica could be sunk to the bottom of the sea, it would be all the better for mankind and all the worse for the fish." These remarks were not made to deprecate the real use and value of medicine. When it is needed, there is no substitute for it, but often when not necessary, it may do real harm. The patient often gets well in spite of medication, and in such cases, providing the patients understand the art of autosuggestion, they would be much better off using that alone.

The suggestion we receive in childhood influences the autosuggestion we use upon ourselves and often affects our physical well-being throughout our lives. We have all heard parents say . . . "Be sure your bowels move"

. . . "Be sure to take your medicine or your bowels won't move." The child then starts taking these drugs and finds that he has to continue. If he does not take them, he tells himself that his bowels won't move (autosuggestion), and naturally he becomes constipated. Through tension this may become chronic and in time complications may follow. This entire situation and many other organic and chronic conditions could have been prevented by the use of good suggestion. A mild feeling of discomfort after eating a particular food may lead to actual illness by the exaggerated use of negative autosuggestion.

Among the various therapeutic techniques in medicine, suggestion plays an important part. At times favorable results can be obtained through suggestion; at other times the desired effect may be achieved through hypnosis. Sometimes a combination of both is effective. There are, however, occasions when psychoanalysis alone will produce results. Occasionally, the psychoanalytical technique is modified, when the treatment is combined with some form of suggestion, supplemented by occasional medical treatment, carried out usually by another physician. In conclusion, it can be said that results are often obtained by the use of medical treatment, suggestion, hypnosis, psychoanalysis, alone or in varying combinations.

In suggestion or hypnosis, the operator puts an idea into the subject's mind, whereas in psychoanalysis, the analyst draws ideas out of the subject's mind, leaving the subject to add and rearrange new, constructive ideas. The "free association" technique of psychoanalysis permits the subject to bring up much repressed material that is primitive, animalistic, instinctive, and forgotten. Hidden emotions and ideas are released either unconsciously or intentionally by the subject. In hypnosis, as well as in psychoanalysis, the subject may refuse to cooperate. He will desperately resist to prevent a cure of his neurotic symptoms, to forestall the yielding of repressed or unpleasant thoughts, and to resist understanding or doing what the analyst desires. Various prejudices, fears, delusions, and misinformation interfere with the producing of hypnotic states.

From a therapeutic viewpoint, there may be special cases in which hypnotism may have more immediate though temporary value than has psychoanalysis. There are also rare cases where hypnotism may prove beneficial in combination with psychoanalysis, providing the analyst knows how to hypnotize. Hypnosis hides facts and shows us what we are willing to accept. Analysis reveals the facts we do not want to see as well as those we want to see, and its results are the product of our own efforts. Suggestion may be temporary in value. Analysis is more permanent. The greatest influence of suggestion and analysis is in the realm of the unconscious about which Freud and his followers have written so voluminously.

As a result of the influence which suggestion plays upon the unconscious, there may be mental and physical changes in the subject. Suggestion does not consider the dynamics or motivations of thinking, action, and behavior; it is an arbitrary blocking of mental processes. In psychoanalysis, the situation is different, because the unconscious is laid bare. The individual thus finds out what is really troubling him and what his conscious and unconscious conflicts are. In analysis, the subject is given no suggestion as to what he is to do. Instead, he is compelled to recognize honestly and openly the nature of his own conflicts which he has resisted acknowledging and which he has displaced and pushed away from the field of his consciousness. Psychoanalysis trains the individual to recognize, face, understand, and solve his own problems in the light of his own reality.

416 OCEAN AVENUE

THE DIET OF DYSPEPTICS*

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The majority of dyspeptics, or of patients suffering from chronic digestive disorders, are affected with functional or nervous derangements. Most of these patients suffer either from loss of appetite or from gastralgia, sometimes from both, and hence take inappropriate and insufficient nourishment. Thus, some live on small quantities of peptonized milk; others on artificial meat extracts (beef juice, liquid peptonoids, etc.). If these dyspeptics adhere strictly to this rigorous diet, they almost always depreciate more and more in health.

A marked fear of food is distinctly observed in all these cases. This symptom I should like to designate as "sitophobia", and if patients give in to it—which frequently occurs—the dyspeptic symptoms increase more and more, even after the ingestion of small quantities of liquid and predigested foods. Soon varied symptoms of inanition manifest themselves, such as dryness in the throat, headache and dizziness, a feeling of decided weakness, intense anemia, sometimes even pernicious anemia.

Should we therefore be astonished if such patients, addicted to this wrong course of living, gradually waste away and finally succumb? Either inanition itself, or complications arising in consequence of malnutrition, may easily bring on a fatal issue. As a whole, it is rather surprising how long these patients can live in spite of insufficient nutrition. This goes to show how tenaciously the organism clings to life; it learns to economize its expenditures and to subsist on scanty means. This is the only explanation why these invalids, who, after at first losing considerably in flesh, subsequently maintain their slight bodily weight and are able to lead a meagre existence. The number of such emaciated dyspeptics is not small, and every practitioner meets a few of them every year.

I shall now present a few points by means of which these cases may be recognized.

Generally speaking, the term dyspeptic signifies one who suffers from a chronic disorder of his digestive organs, without having, however, any organic affection. We will have to determine, first, the presence of some protracted ailment (for one or several years); second,

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the absence of any organic disease (ulcer, stenosis) of the stomach or intestines. An examination of the gastric contents may be omitted in these cases, although the knowledge of the chemical condition of the gastric juice may sometimes be useful with regard to the treatment.

Importance of Proper Nutrition

How shall we treat such dyspeptics? Medicaments are not of much value, or play only a subordinate part. The main factor lies in proper nourishment. These patients, who have abstained from most kinds of food for years, must now learn to eat anew. Their stomach and intestines quickly adapt themselves to this new condition. First and above all, it is of importance to increase the quantity of nourishment; second, to provide a sufficient variety of foods. An ample but too one-sided diet (as a purely milk diet, or hot water and beef) is not suitable for a long period of time, for under this regime there may be a partial lack of certain substances necessary for the welfare of the organism, and thus may be exerted a deleterious action upon the economy.

In order to improve nutrition, two articles of food, which hitherto have been often avoided by laymen as well as physicians, play an important part. I mean bread and butter. In a previous paper I have already hinted at this topic; I now take the liberty of again discussing it. Bread forms one-third of the total amount of ingested food in health, and, besides having nutritive value, serves the purpose of increasing the flow of saliva during its mastication. It also creates an appetite for other food. Butter not only improves the taste of various kinds of food, but is also in itself a nutriment of the greatest importance. The great number of calories which butter contains (one hundred grams give eight hundred and thirty-seven heat units, while the same amount of bread develops about two hundred and seventeen) shows this in the clearest manner. Another advantage which butter presents is that its volume is only about one-third that of bread. A patient taking about one-quarter of a pound of butter a day receives therewith more than one-half of the heat units required. This quantity of butter is, according to my experience, well borne by most of the patients.

I am reporting two cases, in which the main symptoms consisted principally of deficient nutrition. By improving the latter the patients get well. These two cases I take at random from a large number of similar character.

Case I.—Miss G. M., about twenty-six years old, had suffered for the past five years continuously from marked dyspeptic symptoms. Severe gastralgia often appeared, which was frequently accompanied by vomiting. The appetite was not greatly decreased, but, fearing the pains the patient abstained from most articles of food. Obstinate constipation was another of the troublesome symptoms present. The patient ran down very fast. She was treated by several eminent physicians, and as a last resort the ovaries were removed. Her ailments, however, persisted, and she steadily grew worse. When she first consulted me she reported that she had lost sixty pounds in weight. The patient was abed the greater part of the time, and lived exclusively on small amounts of peptonized milk and beef juice. A thorough examination of the patient did not reveal any organic disease of the digestive apparatus. A condition of enteroptosis was found, but this was not considered important. The patient was ordered to take more nourishment. She was first placed (during the first week) on a fluid and semifluid diet; soon, however, the bill of fare was increased, and after about three or four weeks she partook of nearly all the plain and ordinary articles of food. During the first fortnight the patient continued to complain of manifold severe symptoms after meals, but soon her complaints grew less frequent and after awhile entirely ceased. The patient was plentifully nourished in a methodical way (among other directions she was told to take one-quarter of a pound of butter a day), and she gained fifty pounds in weight in a period of five months. After that time she could be considered as restored to perfect health. She could take long walks without fatigue, she rode a wheel, and attended to her household duties.

Case II.—Mrs. C. A., sixty-five years old, had suffered for the past four years, off and on, from dyspeptic symptoms. During the last five or six months her condition had grown materially worse. The patient usually had severe pains after meals, and suffered from obstinate constipation, weakness, and insomnia. During this entire time she had been on a rigorous diet (beef juice, etc.), and had been treated with various medicaments; but under this treatment she had lost thirty-five pounds in weight. The physician in charge and also her relatives were of the opinion that she had a cancer. A thorough examination revealed only a downward displacement of the liver and stomach. The liver at first simulated a tumor, but on further examination it could be easily seen that the latter was the prolapsed liver, and not a neoplasm. The patient was told to partake of nourishment every three hours and was allowed certain articles of food which had been previously forbidden. At first zwieback, crackers, and gruels were permitted, besides a small quantity of scraped beef. Soon, however, ordinary white bread, butter, eggs, and similar substances were added, and the patient began to gain in strength. (The wearing of an abdominal bandage was not advised, as the patient did not feel relieved when the lower part of her abdomen was supported with the hands when she was examined.) During a period of three weeks the patient gained eight pounds in weight, got rid of her dizzy spells, as well as the gastralgia, and could sleep much more comfortably. She is still under treatment, but her convalescence continues.

As nutrition plays the principal part in the treatment of these patients, it will not be amiss to give a few hints with regard to its management. To begin with, it does not appear advisable to permit patients, who have abstained for a long while from the coarser varieties of food, everything at once. This abrupt change may at times be the cause of various unpleasant symptoms; therefore it should be accomplished gradually. At first give, besides milk, gruels, thickened soups, eggs beaten up in milk, etc. A few days later begin to add to this bill of fare zwieback or crackers with butter; then permit meat, the white of chicken and well-scraped beef; next, mashed potatoes; still later give wheat bread, baked or boiled potatoes, soft-boiled or scrambled eggs, oysters; at last allow vegetables and fruits.

An essential point with regard to nutrition is punctuality in the taking of meals. In most of these cases, in which a gain in weight is of great importance, frequent meals (five or six daily) will be advisable. Although it does not appear advantageous to prescribe the quantities of the various foods in exact weight (grams or ounces), as by so doing the patients are too easily reminded of their ability or inability to digest this or that quantity and not more, it is nevertheless of value to mention approximate figures by which they may be guided or below which they shall not go. Thus, for example, they may be told to eat as much as their neighbors at table, or that they shall take ten ounces of milk at this or that meal; or, as I frequently advise, that they shall consume one-quarter of a pound of butter a day. Emphasize those points which appear to be the most important, and leave the patient great liberty in all other particulars. We must strive to familiarize the patient with the idea that ample nourishment will strengthen his organs (including the stomach and intestines), and we must always endeavor to dispel the fear of food with which he is harassed.

For patients who are greatly run down and are confined to bed a nurse is advisable, who will see that the physician's orders (with regard to food) are promptly carried out. Massage may certainly be used on and off as an adjuvant. For patients who are up and about, a nurse is unnecessary. In the latter instance it is important to see that the patient's time is properly occupied; by that I mean to say that the patients should lead a rational mode of living, and should work neither too much nor too little. With some patients (wealthy people having no vocation) we must try to give them something to do; while in the case of merchants whose business strain is too great, lawyers, and physicians, we should advise that sufficient leisure be taken. The points just mentioned serve in a high degree to render possible a healthy nutrition, for only a rational mode of living gives sufficient appetite for abundant food.

In cases in which the condition of the gastric juice is known there are still other special rules with regard to diet; for, as is well known, we should give abundant quantities of meat in hyperchlorhydria, while in hypochlorhydria and achylia gastrica the starchy substances (and vegetable food) should predominate.

These suggestions play the principal part in the treatment, and good results may be obtained often enough without analyzing the gastric contents.

I have endeavored to present a few critical hints with regard to the nourishment of most patients afflicted with chronic stomach troubles. If I have succeeded in convincing you that it is much more important to take care that such patients are sensibly nourished than to forbid them everything, I shall feel that my object has been accomplished.

20 EAST SIXTY-THIRD STREET

THE RELATION OF SEPTAL DEFLECTIONS TO RHINOPLASTY

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The correction of deformities of the nasal septum is not only important for function, but is of importance also for æsthetic results in rhinoplastic surgery. Many external nasal deformities are caused by defects of nasal septum. Reversely, nasal septum defects may be due to external nasal deformities. The plastic surgeon, therefore, must be well acquainted with nasal septal surgery in order to obtain maximum functional and æsthetic results.

Corrections of deflected septums are indicated in the following conditions:

1. Upon narrowing the bridge of a nose, the space in the nasal chambers will be reduced. Any deviation of the septum proper will further reduce that space, thus increasing functional disturbance.

2. A laterally twisted nose (Fig. 1), which is a common deformity as a result of trauma, invariably involves the nasal septum. If the septum is not corrected after straightening the nasal bone, the bridge will tend to be drawn to the deflected side, also reducing space in the nasal passage.

3. When the nasal bone is loosened in the process of removing a hump or narrowing the bridge of a nose, the spring of a septal deflection will cause the septum to bulge through the fractured nasal bones, producing a sharp, protruding ridge in the middorsal region.

In the correction of the septum proper, only the deflected part of the septum causing the obstruction should be removed. Sufficient cartilage should be left anteriorly to avoid the possibility of a saddle nose. Also the cartilage posterior to the columella should be left intact to support the lower end of the nose (Fig. 2).

The deviation of the lower part of the septum (Fig. 3) is a more frequent occurrence since the nasal tip is so easily flexible. The anterior part of the septum supports the lower third of the nose. It is attached anteriorly to the columella and dorsally to the lower lateral cartilages. Any deviation of that section of the septum will draw the attached structures with it. These deflections will cause deformities of the lower third of the nose, and impairment of breathing. Deflections of the lower part of the septum may or may not be continuous with the deviations of the septum proper. Where there is deflection of the lower part of the septum alone, the twist will start at the anterior nasal spine, producing various visible deviations.

Modified Technique Used in Correction of Lower Septum

Through the routine intranasal incision, the skin is separated from the cartilaginous dorsum and the columella is separated from the anterior margin of the septum as far as the anterior nasal spine. The upper and lower lateral cartilages are then detached from the septum, thus freeing the anterior septum from its attachments. With retractors the anterior deflection is then exposed (Fig 4a). With a septal elevator the

Fig. 1.—a. Bony portion of the bridge is straight, and only the cartilaginous section deviates sharply. Corrected by straightening the septum.
b. Laterally twisted nose due to the deflection of the nasal bridge and septum. Corrected by straightening the septum and excising a triangular section of bone from the widest side, thus repositioning the nasal bridge.
c. Laterally twisted nose due to deflection of nasal bridge and septum proper to the right, and the lower septum twisted sharply to the left, producing closure of the left nostril. Corrected by straightening the upper and lower part of the septum and repositioning the nasal bridge.

mucoperichondrium is separated on both sides (Fig. 4b). The flaps of the mucoperichondrium are then raised from the cartilage (Fig. 4c). With the mucous

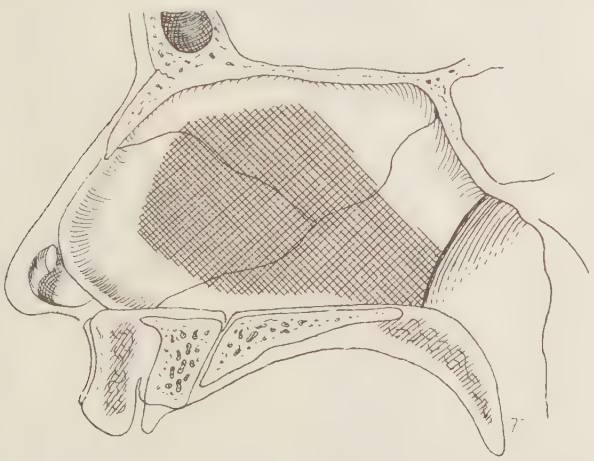

Fig. 2.—Shaded area represents the amount of cartilage to be excised, leaving sufficient dorsal columellar support.

membrane retracted from the cartilage, a strip of cartilage at the angle of deflection is excised, care being taken to avoid cutting the mucous membrane on the opposite side (Fig. 4d). Fig. 4e shows the area where

Fig. 3.—Various twisted nasal tips where both the columella and the septum are deflected, producing obstruction of the nostril. Corrected by repositioning the columella and septum to the midline as described.

the cartilage was removed. Another segment of cartilage is then excised at the bend of the septum at right angles to the first incision (Fig. 4f). Fig. 4g shows the

Fig. 4.—Stages in the correction of anterior nasal deflection.

spaces left after the excision of the sections of cartilage. The cartilage is then repositioned in a straight line and the mucous membrane on either side is reattached (Fig. 4h). In order to replace the sep-

tum in the midline, the lower end of the dislocated septum is cut through at its base at the anterior nasal spine (Fig. 4i). This incision is made through the cartilage and the mucous membrane on both sides. The septum is then immobilized to the columella. By this procedure the spring of the cartilage is broken and the septum replaces itself in the midline without any outside force, and without tending to deflect itself toward its original position. Since the deflected lower part of the septal cartilage is not removed, it gives support to the nasal tip and reestablishes the patency to both nares.

If the deflection of the lower part of the septum occurs in an extremely long nose, the deflected portion is usually excised when the nose is shortened to the æsthetic length.

Conclusion

In order to obtain the best results in rhinoplastic surgery, a thorough knowledge of septal surgery is essential. The septum is so important in the support, shape and function of the nose, that no deformity can be corrected without taking this structure into account.

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133 EAST FIFTY-EIGHTH STREET

AT THE SUNSET OF LIFE

A Review of Gerontology and Geriatrics

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(*Continued from page* 668)

Periodical examinations should be made to correct errors in modes of living. If one of the parents died, say of nephritis or of cerebral hemorrhage, a regimen tending to prevent arterial hypertension should be advised. A blood sugar test should be made twice yearly if there is a family history of diabetes. Diabetes is quite frequently inherited. The etiological factors of coronary artery disease, hypertension and obesity are said to be hereditary. Persons over fifty should be examined yearly for hypercholesterolemia and if present, they should be put on a cholesterol free diet and given desiccated thyroid, supplemented by the usual means of correction of overweight. The patient should be ordered adequate rest periods, avoidance of fatigue, undue excitement and strain.

The administration of proper food in adequate quantities and quality is of great importance. The elements of vitamin B complex is particularly indicated in older people because it is usually used up in the human economy. As one gets older his carbohydrate intake is apt to be increased, and he needs certain components of the complex for catalysis of the carbohydrates to assist digestion. Fats and roughage are contraindicated. The fact should not be overlooked that the functions of secretion are diminished throughout the body. As we grow older there is less and less hydrochloric acid. Other changes are produced all the way down the intestinal tract. Hydrochloric acid is a possible adjuvant to the therapy of older people, supplementing the powers and functions that have been reduced. Pepsin and pancreatic extracts are of real value. The same is true of bile salts. Mineral oil for constipation should be avoided because it absorbs vitamin A. Iodine, being a part of the thyroid secretion, with the addition of potassium iodide, aids in the production of thyroid nucleoprotein. The judicial administration of thyroid will invigorate those with a deficient thyroid secretion. The modern endocrine hormones are decidedly potent and are helpful.

Liquor.—The question of alcoholic beverages in the aged is open to wide discussion. The opinion is expressed by many that small quantities of liquor after middle age prolong life and prevent deterioration of the cardiovascular system, improve general metabolism and keep normal the tissue of the hepatobiliary system. Janeway once said that "he who drinks when young is a fool; he who does not drink after middle age is a double fool". This may be an exaggerated statement, but small quantities of liquor once or twice a day undoubtedly are beneficial.

Tobacco.—While it is claimed by some that tobacco is not conducive to development of any disease that will shorten our days, yet it is best for elderly people to abstain from smoking, or at least smoke very little because of its vasoconstrictive effect. Those afflicted with coronary artery disease should not smoke. Tea and coffee also should be used in moderation.

Exercise.—Strenuous types of exercise are not only unwise for those past middle life, but should be strictly forbidden. Women usually live longer than men because women seldom indulge in strenuous physical activities after middle age. An old horse cannot and should not try to perform the work of a young colt.

Sex conjugation.—Coitus at regular intervals supposedly equalizes the nervous system and is a prophylactic against prostatic hypertrophy. Excessive indulgence depletes the nervous system. Men with partial coronary thrombosis or coronary sclerosis, or even those with slight cardiac dilatation should exercise great care or abstain from sex life altogether. Three of my patients died during the act of coitus.

Diet.—Not too much stress can be laid on diet. A well balanced optimal diet, low in fat and carbohydrate and rich in vitamins, is essential for the maintenance of health and the prolongation of life.

Hygiene.—Adequate rest and sleep, sunshine and moderate exercise adjusted to individual capabilities will go a long way in the prevention of degenerative diseases and help prolong life. The mind too must be kept active. Mental inactivity dulls the brain and shortens life. Retired men do not live long unless they keep their minds in constant activity. Loneliness is

conducive to depressive melancholia, to brooding and supreme unhappiness. Elderly widowers should be encouraged to remarry for the sake of companionship, if for nothing else.

Vitamins.—Too many vitamins are harmful. Hypervitaminosis is more harmful than hypovitaminosis. Vitamin poor foods should be avoided, for example, highly milled cereals, such as polished rice, bleached wheat flour, corn flour, pearl barley, sago, vegetable oils, pork, fats. Most meats and fish are low in vitamins B and C; white fish lacks vitamin A. Tea, coffee and chocolate are classed as vitamin poor foods. The best bread is whole wheat bread; it has high vitamin and protein value. Soybean flour is of great value and is a good source of minerals. Milk is a valuable food, but not too much should be taken, because its calcium content may cause renal calculus. Meats, eggs, cheese, milk and fish supply all the essential amino acids. Briefly, the diet of the aged should consist of leafy vegetables, eggs, lean meats and fish, but no oily fish such as mackerel. It should also contain poultry, beef, mutton, lamb, veal, potatoes, fruit juices, cereal pudding and almost all vegetables.

Drugs.—Strychnine in small doses, say gr. 1/120, is a good tonic. So are vitamin B complex and vitamin E. They help to overcome senile debility and anorexia and prevent muscular dystrophy. Aspirin is best avoided by the aged; phenacetin is preferable, and phenacetin and codeine combined make a good analgesic. Sudden deaths due to respiratory failure, have been reported from the use of morphine. This drug should be given in small doses and never without atropine. In coronary thrombosis, however, morphine may be life saving.

Psychotherapy.—This is of paramount importance in the prevention of senesence. Emotional imbalance is not easy to correct in old age, but the declining years can be made more cheerful by the correction of maladjustments. Habit cannot be changed in advanced life. Repressed emotions are destructive in advanced life. The old must be made to believe that they are as good as the young. The old woman should be encouraged to dress stylishly, and to continue her permanent wave and her nail polish. A kindly attitude always neutralizes evil impulses. Fear and worry are mortal enemies in old age. The old man should be encouraged to work. It eliminates economic hazards to a certain extent, and autosuggestion and heterosuggestion are at least partially prevented because not much time is left to brood over approaching death. The old man should never be made to feel that he has outlived his usefulness. A desire to live should be created in the old for the accomplishment of a certain object. Monotony induces senility and the aged should not be allowed to lose interest in life. They should not be allowed to sit motionless, lost in memories, waiting for the end. Means must be found to revive their interest in life. Let them cultivate hobbies, which are a great outlet for pent up emotions. When suffering from disease or a fracture the old patient should never be made to feel that age is against him, nor should he be told that diseases of the aged are irremediable and inevitable. Let him enjoy his delusions if he has any.

The woman at the menopause should receive sympathetic attention and reassurance, be inspired with her self worth, be told that she is still in her prime, and that her appearance has hardly changed. She should be assured that her sex life will remain as it was. She should receive estrogen hypodermically and diethylstilbestrol orally. As dysuria is usually due to estrogenic deficiency here estrogen affords relief and brings about a progressive regeneration of the vaginal mucosa.

Postoperative care in the aged.—The psychological side must receive every consideration and there should be optimism and encouragement. As death from postoperative pneumonia is more frequent after sixty-five, routine postoperative exercise consisting of deep breathing every two hours is essential unless there is evidence of hyperventilation. Correct fluid intake, electrolyte balance, elevation of head, early ambulation and respiratory stimulation will do much to prevent thrombophlebitis. Barbiturates in the aged are best avoided postoperatively.

Senile pruritus.—Opiates aggravate this condition. The applications of carbolic acid gives only transient relief. The effects are of short duration and the itching returns with increased vigor. Ointments containing sulfur may prove beneficial. Nupercain is mentioned to be condemned. The temporary relief it affords is followed by acute exacerbations. The x ray is useless. The prevention of dietary indiscretions, correction of constipation, removal of illfitting clothing and ultraviolet radiation are helpful. Seborrheic and senile keratosis, supposedly precancerous, are benefitted by the administration of carbon dioxide snow. Senile warts are best left alone.

Potency.—The magnitude of man's fear for physical decay need hardly be dwelt upon. To man in the twilight of life complete loss of sexual power spells that decay. Aged persons are acutely sensitive. It is bad diplomacy to tell the aged man when he comes to seek regeneration of his sexual powers that he must expect it at his age. One intensifies the effectiveness of his vanished years, and nothing good is thereby accomplished. In my practice the administration of male sex hormones intramuscularly, not exceeding twenty-five capon units, has brought satisfactory results. Assuming the results were due to the psychic effect of the treatments, it still is advisable to continue them. Never call an old man an old man.

Conclusion

Thus in this paper, for which no originality is claimed, the sunset of life has been reviewed; the inevitable changes that creep in with the onrushing years, the corrosive influence of inactivity, the mental stagnation because of idleness, the canker that gnaws at the heart of the old man and woman who view themselves as living symbols of death, the ceaseless anxiety about the immediate future. The supreme tragedy of senescence has been discussed; its causative factors, the means of prevention, and the enormous potency of encouragement and activity, by which the taut nerves and emotions are relieved, and aged persons made to look to the future with undaunted courage.

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2225 LINDEN AVENUE

HEMORRHOIDS ASSOCIATED WITH NERVOUS INDIGESTION*

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The surgical therapy of hemorrhoids dates as far back as 400 B.C. Hippocrates in Athens ligated and drilled through hemorrhoids. Celsus under Tiberius in Rome excised hemorrhoids. An Arabian physician, Abul Kasim, cauterized hemorrhoids in Spain. A Frenchman, Donner, in Lille, carried through the treatment with diathermy. The first to inject were the English socalled pile curers. In the year 1853, Jobert reported a certain remedy. In 1869, Morgan, a surgeon in Dublin, used the injection method and reported good results. In 1871, Mitchell, in Illinois, applied phenol solution for injection. Mitchell and his pupils applied fifty percent. Many authors applied five percent phenol solution. After the first world war, Boas in Germany tried to sclerose with seventy percent of alcohol. He was disregarded by German surgeons.

An excellent report on the history of the injection treatment written by Jungham appeared in 1933 in the *Archives of Clinical Surgery*.

Dr. Blond, a Viennese surgeon, after two years of research work and practice in the out patient department of the Vienna City Hospital under Professor L. Schönbauer, chief surgeon, reported his results before the Vienna Medical Society in June 1934. At the same time the results of his injection treatment of two thousand cases were reported in various European medical journals, in *Wiener klinische Wochenschrift* and in *Der Oesterricher Arzt,* November, 1934 and 1935.

He explained the etiology of hemorrhoids or, as he calls them, "varicose symptom complex recti", meaning all the symptoms or complications of hemorrhoids such as fissures fistulæ in ano, pruritus ani, scroti vulvæ, constipation, erythema and eczema ani.

His explanation is that rectal varicosities are due to a damming of the blood in the portal veins caused by any disturbance in the portal circulation. These disturbances are demonstrated in overfed persons, who have overtaxed their livers, or even in some who are undernourished, where a disturbance in portal circulation may exist. Hepatitis, duodenal ulcer, cholangitis and cholelithiasis, or any irregular habit of life may also cause them. A disturbance of the portal circulation causes the blood to flow back from the liver, thereby causing dilatation of the hemorrhoidal plexus and its vessels. Therefore, since the blood does not reach the liver to be detoxified, its blood carries toxins into the capillaries in the perianal region and its neighboring parts, hence the occurrence of pruritus ani, scroti or vulvæ.

Dr. Blond stated that in his two thousand cases every fourth patient had undergone one to five operative treatments. Since using his method of injection he had had fewer recurrences. This method is as follows:

1. High reaching and side window proctoscopy, therefore the high seated hemorrhoids are sclerosed thoroughly which have always been left out by surgery or poorly sclerosed by the old method of injection.

2. A syringe which controls the solution to dosage of a drop, therefore a more concentrated solution is used, with no *necrosis, sloughing* or *induration,* or formation of an *abscess.*

3. The technique per se is obtained by practice and observation.

4. The basic principle that hemorrhoids are not caused by constipation as explained above, but constipation is the result of hemorrhoids.

*Read before the convention of the National Proctologic Association, Chicago, September 30, 1943.

A photograph of the instruments, with description, formula of the solution (chief ingredient is quinine dehydrochloride twenty percent) and technique have been fully described in the *Journal of the National Proctological Society* and in the Medical Record.

Since I returned from Vienna, where I had an opportunity to work with the originator of this technique, Dr. Kasper Blond, at the Ambulance of the Vienna General Hospital, I have reported about six hundred cases treated at the office and at the Boston Evening Clinic from 1936 to 1941. There were about twenty fissures, twenty cases of pruritus ani and about five fistulæ. They were all treated by this method of injections with good results.

For the first time in this country a paper was read on Blond's technique before the staff of the Chelsea Naval Hospital on July 23, 1943, through the courtesy of the Medical Bureau of Medicine and Surgery of the Navy Department, Washington, D.C.

It is interesting to note how many patients presenting themselves with symptoms, such as backache, sciatic pain, cardiac pain (due to pressure of gas) or similar symptoms for which they had been treated by different specialists in these various fields of medicine and surgery without favorable results, suffer from high seated hemorrhoids.

Patients complaining of vague indigestion are too frequently told that they have an ulcer or their symptoms are attributed to some general anxiety state or nervousness, without sufficient general examination, and particularly without due regards to the fact that the rectum undoubtedly is able to cause reflex disturbance high in the digestive tract. Even when the patient complaining of indigestion has been thoroughly examined by the gastroenterologist and studied by the roentgenologist with negative findings, there may still be a rectal condition, particularly hemorrhoids, responsible for the trouble. It is because the average practitioner is unaware that hemorrhoids, often regarded as producing no symptoms, actually do cause trouble, that he does not make the practice of looking into the rectum when he finds the upper tract free of organic disease.

The abuse of laxatives, so common today, and the irregular habits of life usual among our patients, all tend to the development of rectal varicosities, and these should be looked for and cured and the results observed before it is concluded that hemorrhoids are innocent of producing symptoms.

Osler's dictum, comes to one's mind: "One thing the consultant can always do that has not been done—a rectal examination".

The following cases are chosen from some six hundred submitted to proctoscopy for various symptoms, because they illustrate the subsidence of the socalled nervous indigestion after cure of hemorrhoids.

Case I.—T. A., female, aged fifty-six, June 16, 1940. Her chief complaint was indigestion marked by gas and a burning sensation, and constipation. She took about one small wine glass of oil every night, also a pill for indigestion, after meals. She was always tired. An x ray examination a year previously proved to be negative. A special diet was prescribed. Physical examination, including urine and Wassermann tests, was negative. Rectal examination showed marked high seated hemorrhoids. The patient was given twelve treatments. At the last visit, no oil was taken, and a pill only occasionally. The uncomfortable feeling in the epigastrium occurred occasionally, and was possibly due to the chronic irritation in the gastrointestinal tract caused by use of laxatives for the many years. However, another x ray was advised to pacify the patient.

Case II.—H. B., female, aged twenty-seven, October 13, 1937. Her chief complaint was a tired feeling and distress from gas after eating. Physical examination showed endocervicitis, and a slight retroversion of the uterus. Urine and Wassermann tests were negative; hemoglobin 90; red blood cells, five million; basal metabolism 11. Rectal examination showed internal hemorrhoids. The patient received eight treatments, and the gas distress disappeared. The record does not mention the other symptoms. However, this gas distress was the patient's chief complaint.

Case III.—W. M., male, aged forty-nine, June 23, 1939. Chief complaint: The patient was very weak because he was on a strict diet. There was a diarrheal condition, diagnosed by his physician as mucous colitis (stool was not examined). He had received some rectal irrigations which were administrated by a nurse under the direction of his doctor. However, the patient had noticed within the past few days a mass in the anal region.

Physical examination, including urine and Wassermann tests, was negative. A rectal examination disclosed a thrombotic vein of considerable size. Under local anesthesia, an incision was made and the thrombus evacuated. (He was advised to have an x ray and a stool examination.) On June 27, 1939, the patient received his first treatment for the high seated hemorrhoids. He was told to discontinue gradually the diet limitation which had been prescribed by his physician. After the first treatment the patient had two perfect days without diarrhea. He received nine treatments up to September 7, 1939. His chief complaint, diarrhea, was considerably improved and on that day the patient stated that he could eat everything and was particularly elated over the fact that for the first time again he enjoyed his corned beef and cabbage.

Case IV.—L. P., male, aged twenty-eight, July 9, 1941. History: This patient was admitted to the C. C. Hospital in October, 1940, as an emergency case with the diagnosis by his private physician of ruptured appendix. He had been under observation at that hospital for four days and was discharged without a definite diagnosis. During January, 1941, the patient was again admitted to the hospital. He had been seized with another acute attack of abdominal pain which was diagnosed as acute appendicitis. This time he was again carefully studied. An x ray series was taken which proved negative for any gastrointestinal pathology. Since appendicitis or any abdominal abnormality had been ruled out, the diagnosis was occupational disease. The patient was a polisher of metal and obliged to bend his body or stomach against the metal.

This patient appeared at the Boston Evening Clinic and was seen by one of the doctors who made a diagnosis of subacute appendicitis. Because the patient gave a history of blood in the stool occasionally since last Easter he was referred to the Proctological Clinic. The patient was examined on July 9, 1941; his general health was apparently good.

Chief complaint: Diffused epigastric pain, constipation, and blood in the stool occasionally. The patient was uncomfortable during the rectal examination and since his mind was already made up that he had appendicitis, he expressed regret that he had come to be examined in the rectal clinic. On examination, internal hemorrhoids were demonstrated on July 9th and treated. On July 16th, the patient again appeared at the clinic, feeling rather foolish but grateful. He realized then that the rectal examination on July 9th, though new to him, was important. The epigastric pain had entirely disappeared. A second treatment was given. He went to work. Because of the soreness in his abdomen before the treatment he was often obliged to stay away from work for four days to a week at a time. On August 1st, the patient was seen at his home, at which time he stated that the abdominal soreness was gone, that the other symptoms had improved, and he felt better generally. He was advised, however, that in spite of his relief from pain and marked improvement, he should continue with the treatment at the clinic or at the office because two treatments could not possibly have cured his hemorrhoids.

This case fully illustrates how much this part of the human anatomy is neglected and carelessly examined or not examined at all. This case also illustrates that distress from gas due to an obstruction in the rectum by dilated veins may simulate a serious surgical condition in the abdomen. The hospital, though failing in the diagnosis, should be complimented for refusing to operate on this patient for appendicitis without a definite diagnosis.

Case V.—G. F., male, aged twenty-eight, February 11, 1940. Chief complaint: An uncomfortable feeling after eating or indigestion; constipation marked; patient always tired in the morning; pain in the lower part of the back and at the sternum; painful stools. He was told by his physician that he had a gastric ulcer. Physical examination, including urine and Wassermann tests, was negative. Rectal examination showed marked internal hemorrhoids. (An x ray was advised but never taken.) The patient received four treatments at weekly intervals, and the symptoms disappeared. He had a skin eruption on his face (apparently acne) which also cleared up. On June 6, 1941, he complained of slight pain at stool and some gas, and he was given another treatment. He was not discharged, however, and he received five more treatments from September 7 to October 12, 1942. This patient, a neighbor, is seen practically every day and is fully satisfied to present date. He is convinced that he has no ulcer.

Case VI.—E. W., female, aged thirty-nine, March 16, 1939. Chief complaint: Marked gas and dragging pain in the left region. Physical examination was negative. A laboratory test, previously made, was also negative. (This woman was a former patient of mine.) She was x rayed at S. Hospital, and a diagnosis of colitis was made. Another x ray taken by a private x ray man, a complete gastrointestinal series, substantiated this diagnosis; the remainder of the x ray was negative. Rectal examination showed internal hemorrhoids. After the second treatment, laxatives were decreased, and on May 17, 1939, a third treatment was given. This case is of interest inasmuch as on April 29, 1939, the private x ray man, Dr. J. A. N., diagnosed ulcerative colitis, agreeing with the diagnosis of the hospital. However, on reexamination, on May 12, 1939, with barium enema, after the patient had received three treatments for the hemorrhoids and the elimination of previous medication by mouth, the report stated that there was no evidence of colitis. This patient received in all about eight treatments. Marked improvement and relief of the dragging sensation on her left side (apparently caused by gas) were noted. There was no tenderness at the rectum; the patient was slightly constipated, taking one dessertspoonful of a laxative for an entire week.

On July 13, 1941, two years after treatment, the patient reported that she had been operated upon on August 15, 1939, for intestinal obstruction caused by adhesions (apparently due to a former operation—appendectomy and uterine suspension). Even if those dragging pains had been due to adhesions, which was not diagnosed at that time, the relief from gas, due to the treatment for hemorrhoids, had relieved her condition. However, her present practice of still taking laxatives, even in small doses, indicates that she needs more treatments to sclerose the hemorrhoids, thereby obliterating obstruction of the rectum, which is still causing some constipation.

Case VII.—P. H., female, aged forty-one, November 2, 1936. Chief complaint: Pressure in the chest below the sternum, a burning sensation always present, and marked constipation, at times, no real good movement for three weeks. A physician treated her about two years ago for about six months. She was told that all the hemorrhoids had been removed, and she felt better after that. However, she had to take a laxative, although of a milder nature. She always felt a soreness at the rectum. Physical examination, including urine and Wassermann tests, was negative. Rectal examination showed internal hemorrhoids. Due to the fact that she was told that all her hemorrhoids had been removed, and also because she thought she was suffering from some gallbladder condition and not internal hemorrhoids, she did not return for treatment until June 5, 1938. Her chief complaint at that time was pain at the stool. She took milk of magnesia mornings, and had a bad taste in her mouth. The patient received five treatments at weekly intervals, and was told to come within six weeks for a routine check-up. From September 4 to 11, 1940, two more treatments were given. At the same time the patient was x rayed; a gastrointestinal series, including the gallbladder, was negative. Recently I was informed that the patient was symptom free, and taking no laxatives.

Case VIII.—J. D., male, aged forty-four, May 13, 1941 (a world war veteran). His previous history showed that he had had pain in the pit of his stomach for nine to ten months. He was x rayed (a gastrointestinal series). A cholecystectomy had been performed at Chelsea Naval Hospital, and the localized type of pain was gone. However, he still had diffused pain in the epigastric region. Constipation was marked, and he took seven pills daily (three white and four red). He was always tired, suffered from pain in the lower part of the back and from gas; he was always belching. The chief complaint, however, that brought him to the office was marked bleeding and soiling of his underwear. He was forced daily to use a napkin in order to protect his clothes and reduce irritation. He was given seven treatments up to July 8, 1941.

The bleeding ceased after the sixth treatment, and the pain diminished after the first treatment. The pills (apparently laxative and alkaline) were gradually reduced; he was taking only two pills for the entire week after the seventh treatment. The eighth treatment was given July 8, 1941. On July 29, 1941, he reported that he had gone one week without pills; one white pill had been taken since his last visit. There had been some pain and constipation, and blood was noticed once. On August 5, 1941, the ninth treatment was given. There was pain due to gas, and blood was noticed once. On examination, under local anesthesia, a fissure was disclosed and was injected, and at the same time the thrombotic vein was excised. August 12, 1941, the area of excision and fissure had healed, but was sensitive to finger examination. No injection was given though patient still complained of some gas which caused abdominal pain; no blood was noted. August 19, 1941, there was complaint of pain, but no blood, and only three pills were taken for the entire week; no injection was given. August 26, 1941, no pills were taken for the entire week, and no blood noted. The patient felt uncomfortable from gas one day during the week. He had received sixteen treatments in all. He is reported well and symptom free up to present date.

Summary

Briefly, in summary, one may state the following: In every case which presents vague gastrointestinal disturbances, such as gas, heartburn, constipation and indigestion, after all laboratory and clinical findings have ruled out colitis, ulcer or malignancy, or any other pathological condition, a careful proctological examination with the proper proctoscope (by Blond) to rule out high-seated hemorrhoids, must be made.

The gastroenterologist must at last realize that the least suspected high-seated hemorrhoids do cause gas, which in turn produces gastrointestinal disturbances, diagnosed as sluggish stomach, irritable colon, touch of ulcer, or nervous indigestion, which are false diagnoses and constitute pitfalls in gastroenterology.

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736 Hancock Street

PENICILLIN INSTILLATIONS IN CHRONIC OTITIS MEDIA AND SINUS INFECTIONS

Clinical Appraisal, Preliminary Report

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Boston, Mass.

Infection of the sinuses is localized and absorption is slow, unlike infections in other parts of the body, where rapid dissemination takes place, with early constitutional manifestations, such as changes in temperature and pulse. In sinus infection, we are also dealing with anatomical cavities where, by postural adjustments, the chemobiotic solution can be retained for a longer time than in other open anatomical tubes. Accordingly, in the latter part of 1944, I decided to employ penicillin locally in the treatment of infections of the sinus. The dosage and frequency of administration of penicillin have yet to be evaluated and standardized. At present, this will have to be left to the judgment of the otolaryngologist, the severity of the case, and its clinical course and manifestations. The procedure I followed in each case was to aspirate all the pus from a given sinus, wash it with normal saline until the return flow was clear, then fill the sinus with penicillin and leave it there.

Case Reports

Case I.—This was a case of suppurative chronic otitis media, with otitis externa, which had existed for several years and was characterized by acute flare-ups from time to time. Examination showed left otitis externa, acute, diffused, and severe, with slight bulging in the anterior wall of the left canal, blocking the entire lumen. The drum membrane could not be seen at that time. An incision in the bulging area yielded pus and blood. Hot boric acid packs with applications of medicated gauze soon cleared up the canal. The drum membrane could then be visualized and a posterior perforation was revealed with an inflamed and suppurative mucosa. Daily instillations of two cc. of penicillin, five hundred units to the cc., for eight days, with instructions to the patient to keep his head inclined towards the healthy side, resulted in a dry middle ear, with a pale tympanic mucosa. Mechanical and medicinal cleansing of the middle ear preceded the penicillin therapy each time.

Case II.—The patient complained of laryngitis, cough, producing copious amounts of mucopus, soreness of the right side of the neck and severe right temporal pain which had existed for several years. Sleep was impossible on account of pain and the patient was losing weight. Sputum was negative to tuberculosis. Examination showed that the cervical glands were enlarged and tender, bilaterally, but to a greater extent on the right side. Laryngeal examination revealed arytenoids markedly edematous and bathed in mucopus, more on the right. The vocal cords could not be seen at that time.

Repeated laryngeal applications of solution merthiolate 1-2,000, alternated with twenty percent argyrol solution, cleared up the larynx and the cervical glands and the tenderness was greatly reduced. The vocal cords were then visualized and on the right side proved to be in a cadaverous condition and could not function on vocalization. This condition might have been caused by impaired mobility or ankylosis of the right arytenoid, due to long standing inflammation or to a recurrent laryngeal paralysis. The patient still complained of right temporal pain. An x ray film, at this time, showed a completely white right antrum. The other sinuses were negative.

The patient was unwilling to undergo a radical antrum operation and he was really not in a fit physical

condition for it. Suction and drainage, therefore, were initiated. About six cc. of foul pus was aspirated through the antrum trocar, the cavity washed out with an alkaline solution and aspirated until the return flow was clear, and six cc. of solution merthiolate 1-2,000 injected and left there. This process was repeated three times with no reduction in the amount of pus, and no change in its character or other symptoms. The instillation of penicillin was then introduced. The pus was aspirated as before, the cavity washed out with normal saline solution until the return flow was clear, and six cc. of penicillin, five hundred units to a cc., were injected and left in the antrum cavity. This process was repeated once daily for five consecutive days. The patient was instructed to lie on the side of the infected antrum. Pus and symptoms were gradually diminishing. About eight days after the last operation another x ray was taken which proved that the antrum was pneumatic.

Case III.—This was a case of chronic pansinusitis: empyema of the antrum of Highmore, frontal sinusitis and sphenoidal sinusitis, left side. The procedure in this case was the same as in the other two cases, except that the entrance to the frontal and sphenoidal sinuses was made through the natural openings. The penicillin concentration used in these three conditions was increased 5,000 units per cc.

Summary

Satisfactory results obtained by local instillations of penicillin, in four types of cases, are recorded.

1. Chronic suppurative otitis media, moderately severe, complicated by external otitis.

2. Chronic empyema of the antrum, severe, complicated by severe laryngitis.

3. Chronic pansinusitis of antrum of Highmore and the frontal and sphenoid sinuses, moderately severe.

4. Recovery by this method was quite rapid in comparison with other methods in use.

5. A radical antrum operation, otherwise indicated, in a patient physically unfit, was obviated.

The method which has been described has been used thus far in seven cases. While the number is small, the principle and the results obtained justify the further use of this method.

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483 Beacon Street

HICCUP

THE HON. WILLIAM RENWICK RIDDELL

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Hiccup, or as some prefer to call it, hiccough, is one of the most curious—I had almost said unaccountable—of the phenomena exhibited by the human frame; and I venture to think it has not received the attention it deserves from medical men and physiologists.

In this article, I shall speak only of my personal experiences. While I have seen newspaper accounts of more protracted attacks, I believe that I hold the official record, having been continuously affected for twelve days and twelve nights in the Wellesley Hospital, Toronto, when suffering from pneumonia and under the constant and assiduous care of most competent and attentive physicians and nurses. I may say that I had a similar experience, lasting eight days and eight nights in a previous attack of pneumonia. Since a major operation some weeks ago, from which I am recuperating, I have had attacks, more or less severe, and sometimes several times a day, and I may fairly be considered an expert in hiccup.

I am convinced that there are two distinct forms of hiccup. One of these is very common, practically everybody has experienced it more than once. It has but a slight agitation of the abdomen, including the stomach, it has not much of a "beat" or "throb", and seems to be occasioned by the condition of the stomach itself, e.g., the ingestion of unsuitable food or a too liberal repast. It causes very slight discomfort and not unusually wears itself out in a short time. A short walk will sometimes conquer it; if a speedy cure is a desideratum, dashing half an ounce of raw whisky down the throat is generally effective—or a teaspoonful of bi-so-dol, aromatic spirits of ammonia or bicarbonate of soda in four ounces of water will generally effect a speedy cure.

The other kind is to me most distressing—indeed, depressing in a great degree. It begins with a strong "beat" or "throb" in the left upper chest, immediately followed by great abdominal agitation, this latter, some attribute to the phrenic nerve; and, indeed, it is known that some negro surgeons scrape this nerve and so paralyze the abdomen. I know of no cure—no preventive—of this most annoying affliction, which was the form of my protracted attacks. Walking seems to have no effect, though sometimes whisky or bi-so-dol is effective. Like the other form, it eventually wears itself out.

I must not conclude this article, omitting to mention a cure given me some years ago by a Toronto gentleman: Treat the hiccup as something foreign to yourself, that does not pertain to you, and curse it away. Strange as it may appear, I have found this to work more than once.

Notes

It sounds mystical, one might say almost absurd, but I have found that talking of hiccup is almost certain to bring on an attack, more or less severe.

Since the foregoing was written, I have seen in the papers an ad, of an actress being cured of a persistent hiccup, that did not yield to treatment, by a photographer accidentally allowing his flashlight to break out in her presence. I was reminded of what, I am ashamed to say I had forgotten entirely, that more than sixty years ago, a friend of mine in Cobourg, Ontario, told me that hiccup could be checked by frightening or startling the sufferer. From the incident in Hollywood, it would seem that my friend was right. Perhaps, a frightening or startling of the patient may be effective in curing hiccup.

Editorials

Penicillin Versus the Sulfa Group in Otitis Media

During the past decade, treatment of suppurative disease of the middle ear has become vastly more successful. This is especially true of the reduction in "complications" of severe infections such as scarlet fever which used to be extremely damaging to the hearing if the patient recovered. There was suppuration not only in the middle ear, but in the bony capsule of the entire otic envelope. This sometimes led to brain abscess, fatal labyrinthitis or sinus thrombosis. The use of various medicaments in the external ear seldom had much value, chiefly because they never reached the bacteria which had their "hideout" deep in the tissues. Therefore, mastoiditis was common, and, although many patients recovered following operation, some still went on to chronic discharge and destruction of bone and soft parts. With the coming of the sulfa group of drugs, much hope was offered, and there were some instances of remarkable recovery, but with the advent of penicillin, comparison was not and is not favorable to the earlier agent.

In the *J.A.M.A.*, October 13, 1945, Weinstein and Atherton, of Boston, report studies in a series of fifty patients, forty-eight of whom had an initial scarlet fever infection. In their prefatory remarks these authors state that "The sulfonamides appear to be of little value in the prevention of infections of the middle ear during other diseases . . . after the otitis some cases responded well without involvement of the mastoid. In others, aural discharge ceased . . . but recurred after the drug had been stopped . . . many of them developed mastoiditis." There was also masking of symptoms. The patient seemed about to recover, then it was found that the disease process had been working in the mastoid cells all the while. This is not to say that the sulfa remedies are useless in aural treatment, but they are not entirely to be depended upon since they have variable action according to the organisms present.

The authors quoted above find penicillin useful in all cases where gram positive organisms were the causative offenders. In four and one-half days following intramuscular injections of penicillin, the auditory canals were dry. Recurrence was seen in sixteen percent, but upon increasing the dosage the ears cleared permanently. There seemed to be a relationship between the kind of bacterial infection present and the total dosage of penicillin. This was notably true of the hemolytic staphylococcus aureus when found alone or when in combination with the beta-hemolytic streptococcus. In such instances, larger quantities of the antibiotic were needed, and, of course, were given. There were few "complications" outside of the tympanic cavity, and mastoidectomy was an infrequent demand. When socalled "secondary infections" from gram negative bacteria took place, they were well controlled by the use of ten percent urethane and one percent sulfanilamide in aqueous solution.

Weinstein and Atherton recommend intramuscular injection of fifteen thousand units of penicillin immediately after the appearance of exudate in the external auditory canal. This is repeated every three hours until the aural discharge has been completely absent for seventy-two hours.

It is an old rule that one should watch the ears closely in every child who is suffering with an acute infection of the respiratory tract, since extension by way of the eustachian tubes into the middle ears is more than likely. Incision of the drum is harmless and ought to be carried out immediately if there is redness and any bulging of the drum. Severe earache does not always precede this appearance, but it usually does. If the patient has been restless during the preceding night, and if he puts his hands to the ears complaining of pain, incision is nearly always the measure of choice. Cultures from the canal should always be taken, and the initial fifteen thousand units of penicillin should be injected. Since this is one of the most harmless agents in our entire useful armamentarium, twenty thousand units may be indicated. Untold suffering is thus prevented, and the hearing is preserved.

Little Things

It seems that we have come to the age where some of the littlest things are at the moment most important. The littlest thing known to man, the atom, has been split. The activity of the split atom was first employed on a wild mission of destruction and caused havoc and fear even among those who employed it—fear of the tremendous energy which could cause so much devastation, the greatest yet known to man.

In medicine, perhaps the greatest advance has been through the utilization of the product of a tiny mold, penicillin. The development of the use of atomic energy and of the mold product went on at the same time, coincidental perhaps, one used as the most single beneficial substance that man has found, and the other, the most destructive.

In the case of the atom it can probably be employed for constructive uses to the same degree as its destructive impulses. One can visualize how the harnessing of the atom as a source of energy will revolutionize the life of man more than the development of steam or electricity. Both of these forces have been employed by man in countless ways and harnessed to do much

of the work that was previously done manually. They have been harnessed to keep man at an equable temperature, to bring music and the messages of other men from all parts of the world, and in countless other ways to add to the leisure of everyone; and yet the unseen atom when harnessed and handled shows greater promise than any of the energies we have so far captured and controlled.

We can see an age in the not too far distant future where man can accomplish all the work that need be done in a few hours per month and thus could have the opportunity for leisure and cerebral activities which would be entirely different from what goes on now. We are wondering if man will be prepared to enter into some such existence without getting into serious mischief. We usually get ready for such situations long after they occur, and in the hard way. In the case of penicillin and perhaps other molds that we shall make use of, so far they differ from practically all other substances, for no one has yet found a destructive use for them.

The mind of man has truly made some great discoveries but, unfortunately, has failed as yet to find the basic way in which to take advantage of them for the benefit of all mankind. It seems to us with our great scientific achievements we could have a world of peace and plenty instead of constant struggle and strife.

Maintaining Effective Hospital Equipment

It has long been the law in Connecticut that a public charitable hospital is not liable for injuries sustained by a patient as a result of the negligent conduct of physicians or nurses employed by it, in the selection of whom it exercised due care.

As a distinction from this rule of liability or nonliability, a recent Connecticut case concerning the death of a newly born baby from toxemia resulting from burning caused by a leak in a hot water bag placed by a nurse in the baby's bassinet, liability of the hospital was claimed on two administrative grounds: "1. administrative negligence in failing to supply, maintain and use suitable equipment, as distinguished from liability for the negligent conduct of nurses or doctors, in the administration of personal attention to patients; and 2. the negligent performance or nonperformance by a nurse of the nondelegable duty of the hospital corporation as distinguished from negligence".

The nurse had obtained the bag from a utility closet across the hall where it was hanging on a nail. It appeared that about two weeks before the injury occurred another nurse had found the bag in the same defective condition, in the same utility closet, and, knowing that the bag was beyond repair and unfit for normal use, she threw it into a trash can in the closet. This hospital's rules do not contain specific regulations concerning the furnishing, maintenance or use of small equipment and supplies for hospital purposes, or any detailed rules concerning the inspection thereof or the destruction of faulty equipment.

On the first of the two points on which liability was claimed, the Connecticut Supreme Court of Errors said that the trial court properly put a controlled question to the jury as whether or not the hospital, through its board of trustees or executive committee, in the performance of the duty resting upon it, should have made any rule as to the disposal of defective bags other than to provide for putting them in the trash can in the utility closet, and should, in the performance of its corporate duty, have anticipated that a hot water bag, if put into a trash can in the closet, would get back into place on a nail in the closet.

On the second point the trial court told the jury that its question was whether or not the system employed by the hospital of leaving the whole matter of inspection, so far as hot water bags were concerned, to the particular nurse who happened to use such a bag constituted a performance by the corporation of its corporate duty as defined by the court. The court's definition was that "this duty is to exercise reasonable care or due care, in view of the functions of the hospital and the dangers reasonably to be anticipated in their performance, to have and to use reasonably safe equipment and instrumentalities and appliances in the hospital . . . ". Verdict and judgment for the hospital were affirmed.

News Items

Fellowships in Neuropsychiatry.—For the benefit of those interested in neuropsychiatry, the Austin Riggs Foundation of Stockbridge, Mass., has announced that fellowships for three years' training in this specialty are now open. Army personnel who wish to go into the field of neuropsychiatry may apply to Dr. Charles H. Kimberly, Medical Director, Austin Riggs Foundation, Stockbridge, Mass.

Qualified Reserve Officers to Receive Promotion.—Qualified reserve officers who have not yet received a promotion while on active duty will receive one promotion as they are separated, according to an announcement by the War Department. To be eligible for this promotion, the officer must have served two years in his present rank since September 16, 1940 and have an efficiency rating of at least thirty-five.

Army Medical Library Honorary Consultants.—At the second annual meeting of Honorary Consultants to the Army Medical Library, held recently in Cleveland, Ohio, the following officers were elected: President, Dr. John F. Fulton; vice-president, Dr. Chauncey D. Leake; secretary-treasurer, Colonel Harold W. Jones. Major General Lull was elected a member of the executive committee. The action taken by Congress toward erecting a new building for the Library was one of the main topics of discussion.

Anniversary Discourse of the Academy.—The ninety-sixth anniversary discourse of the New York Academy of Medicine was delivered on Thursday evening, December 13th. Dr. Basil C. MacLean, director of the Strong Memorial Hospital, Rochester, N.Y., spoke on The hospital and the laboratories, and Dr. Donald M. Clark, Peterborough, N.H., delivered an address on The general practitioner and the specialist. These lectures were delivered in the eleventh series of Lectures to the Laity.

Transurethral Prostatectomy.—Dr. Reed M. Nesbit, of the University of Michigan, read a paper on transurethral prostatectomy, at a meeting of the Section of Genitourinary Surgery, New York Academy of Medicine, on Wednesday evening, November 21st. He discussed the indications and contraindications for operation, and presented a clinical analysis of data on two thousand consecutive cases treated by this method. The subject was discussed by Dr. William A. Milner, Albany Medical College, Dr. George F. Hoch and Dr. Joseph F. McCarthy. A general discussion followed in which many important points were considered.

Dr. Max Einhorn Honored.—Dr. Max Einhorn, who has just completed sixty years of service in the Lenox Hill Hospital, Park Avenue and Seventy-sixth Street, New York, was honored by its staff on Nov. 28th at a reception held in the Einhorn Auditorium, a building that he presented to the hospital eight years ago. The building also contains wards for gastroenterological cases and a swimming pool. An engrossed resolution presented to Dr. Einhorn by Mark W. MacLay, secretary of the board of trustees, paid tribute to his long term of continuous service as "something extremely rare in hospital circles," and expressed the hope that he would continue with them for many more years.

Aid for the Physically Handicapped.—The National Society for Crippled Children and Adults, Inc., 211 West Wacker Drive, Chicago 6, Ill., is establishing a central agency for all personnel qualified to serve the physically handicapped. It invites registration by qualified persons in the following listed and related categories: Physicians specializing in physical medicine and orthopedic surgery; technicians—occupational therapy, physiotherapy, medical stenography, dietetics, industrial nursing; speech correctionists, physical educators, teachers of arts and crafts, teachers of trades, testing psychologists, clinical psychologists, guidance specialists, and medical social workers.

Friday Afternoon Lectures.—The following lectures in the twentieth series of Friday Afternoon Lectures being given at the New York Academy of Medicine, will be presented during the month of January: January 4th: Current views of rheumatic diseases and their management, by Richard H. Freyberg, associate professor of clinical medicine, Cornell University Medical College; January 11th: The L. Duncan Bulkley Lecture: Cancer of the stomach—surgical aspects and means for early diagnosis, by Fordyce Barker St. John, professor of clinical surgery, College of Physicians and Surgeons, Columbia University; January 18th: Apical systolic murmurs in incipient rheumatic heart disease by Captain A. M. Master, M.C., U.S.N.R.; cardiologist, U.S. Naval Hospital, St. Albans, Long Island, N.Y.; January 25th: Medical treatment of peripheral vascular disease, by Samuel Silbert, associate in surgery, Mt. Sinai Hospital.

A New Journal on the Blood.—In January, 1946, will appear the first issue of *Blood—The Journal of Hematology,* which will be devoted to the advancement of knowledge of the blood and blood forming organs and their disorders. Dr. William Dameshek, of Boston, is editor-in-chief, and his staff consists of Dr. Charles A. Doan, Columbus, Ohio; Thomas Hale Ham, M.C., A.U.S., Edgewood Arsenal, Md.; Dr. Roy R. Kracke, Birmingham, Ala.; Dr. Nathan Rosenthal, New York, N.Y., and Dr. Maxwell M. Wintrobe, Salt Lake City, Utah, associate editors; Dr. George R. Minot, Boston, Mass., consulting editor; and Dr. Joseph S. Ross, Boston, Mass., and Dr. Steven O. Schwartz, Chicago, Ill., assistant editors. There is also an advisory editorial board consisting of fourteen members. The new journal will be published bimonthly by Grune & Stratton, Inc., 381 Fourth Avenue, New York. The editorial offices are at 25 Bennet Street, Boston.

Joint Meeting of Neurologists and Psychiatrists.—A joint meeting of the Section of Medicine and Section of Neurology and Psychiatry of the New York Academy of Medicine and the New York Neurological Society was held on Tuesday evening, November 20th. A paper on Intravenous histamine treatment of migraine was presented by Dr. William A. Thomas and Dr. Stuyvesant Butler and discussed by Dr. Stanley Cobb and Dr. Harold G. Wolff. Dr. Cobb read a paper on Psychiatry in a general hospital, which was discussed by Dr. Dana Atchley, Dr. Carl A. L. Binger and Dr. Lawrence S. Kubie.

Louis Livingston Seaman Fund.—The New York Academy of Medicine announces the availability of the Louis Livingston Seaman Fund for the furtherance of research in bacteriology and sanitary science. One thousand dollars is available for assignment in 1945. This Fund has been made possible by the terms of the will of the late Dr. Louis Livingston Seaman, and is administered by a Committee of the Academy. It will be expended only in grants in aid for investigation or scholarships for research in bacteriology or sanitary science. The expenditures may be made for: a. Securing of technical help; b. aid in publishing original work; c. purchase of the necessary books or apparatus.

Plastic and Reconstructive Surgery.—The third annual meeting of the American Otorhinologic Society for the Advancement of Plastic and Reconstructive Surgery, Inc., was held on Thursday, November 15th, at the New York Academy of Medicine. The subjects discussed were: the cleft lip operation, correction of outstanding ears, mechanics of the external nose, the face-lift operation, refinements in rhinoplasty, reconstruction of partial loss of the auricle, cartilage implants, and plastic reconstruction of the nasal septum. The speakers included Dr. Edmonde D. Neer, Dr. Alfred Schattner, Dr. Bruno L. Griesman, Dr. Abraham G. Silver, Dr. Nathan A. Bolotow, Dr. Norman N. Smith, Dr. Charles Firestone, and Dr. Victor R. Syracuse. The following officers were elected: President, Dr. Alfred Schattner, New York, N.Y.; vice-president, Dr. Jacob Daley, New York, N.Y.; treasurer, Dr. Benjamin H. Shuster, Philadelphia, Pa.; secretary, Dr. Norman N. Smith, New Haven, Conn. Board of directors: Dr. Nathan A. Bolotow, Providence, R.I.; Dr. Matthew S. Ersner, Philadelphia, Pa.; and Dr. James M. Schmidt, Brooklyn, N.Y.

Conference on Internal Medicine.—A conference on internal medicine was held at Letterman General Hospital in San Francisco, Calif., November 7th and 8th, under the direction of Brigadier General Charles C. Hillman, Commanding General of the Hospital. It was attended by medical chiefs, consultants, and surgeons of various hospitals and service commands. Representing the Office of the Surgeon General, Brigadier General Hugh J. Morgan, chief consultant in medicine, spoke on the rôle of medicine in the Pacific war and Major Clarence Livingood, consultant in dermatology, took part in a panel discussion of diphtheria and lichenoid and allied skin diseases. Other subjects discussed included rheumatic fever, coccidioidomycosis, and hepatitis.

Affiliation of New York University Medical College with Lenox Hill Hospital.—Announcement was made recently that a teaching affiliation had been established between the New York University College of Medicine and Lenox Hill Hospital. Under the terms of affiliation the teaching program at Lenox Hill Hospital will be established on the graduate and postgraduate level, as well as on the undergraduate level. For some years undergraduate elective courses have been given at Lenox Hill by the directors of the surgical services, and in addition, the cardiac clinic at Lenox Hill has been utilized for elective work in the junior and senior years. The new affiliation also makes possible the extension of undergraduate teaching to other departments of the hospital.

On the graduate level, internships, residencies and also fellowships which may be established at the hospital will carry with them eligibility for additional training in the basic sciences at the college. Opportunities for physicians already engaged in practice will also be possible through lectures, clinics and demonstrations and other forms of such courses. These are being planned by the medical board of the hospital. A committee on medical education has been appointed by the medical board of Lenox Hill Hospital to serve as the liaison between the college and the hospital.

International and Spanish Speaking Association of Physicians.—Dr. J. M. Gershberg, president of the Association, recently returned from a sixteen thousand mile trip to Mexico, Central America and San Francisco. During the trip Dr. Gershberg added 221 new members to the organization and established six new chapters, as follows: Nashville, Tenn.; Oklahoma City, Okla.; Galveston and Houston, Texas; Jerez, Mexico; and Beverly Hills, Calif. The nineteenth anniversary of the association was celebrated on November 28th at the Pythian Temple, New York. The guests of honor were the Consul General of the U.S.S.R., P. Mikhailov, and F. Trebin, the U.S.S.R. newly appointed ambassador to Venezuela. The scientific program consisted of a symposium on geriatric problems in aging and longevity, and the speakers included the following university professors: Dr. George W. Henry and Dr. Seward Erdman, Cornell; Dr. George Draper, Columbia; Dr. Milton Plotz, Long Island College of Medicine; Dr. A. Mueller-Deham, formerly of Vienna University; Dr. Tracy O. Powell, Los Angeles Hospital; Dr. Joseph Wilder, Montefiore Hospital; Dr. Alfred Kestenbaum, Mt. Sinai Hospital; and Dr. L. K. Frank, director of the Institute for Human Development.

Personal.—Dr. Willard C. Rappleye, dean of the College of Physicians and Surgeons, Columbia University, delivered a lecture at the New York Academy of Medicine, on Thursday evening, November 29th. His subject was "The Making of the Doctor"; in other words, medical education.

Dr. Leon O. Jacobson, assistant professor of medicine at the University of Chicago, has been appointed associate dean of the university's division of biological sciences. Dr. Jacobson, who has been associate director of the biology and medicine division of the metallurgical project at the University of Chicago for the past three years, was made a staff member of the department of medicine at the university in 1941.

Col. Howard A. Rusk, M.C., has resigned from the army to serve as consultant on physical rehabilitation for the Baruch Committee on Physical Medicine.

Dr. Ross Golden, professor of radiology, College of Physicians and Surgeons, Columbia University, delivered the fifth Henry K. Pancoast memorial lecture before the Philadelphia Roentgen Ray Society on November 1st. His subject was Problems in abnormal intestinal physiology associated with peritoneal adhesions and ileus.

Dr. Louis Dlugasch, New York, delivered an address on Modern trends in the treatment of ear, nose and throat diseases, at a meeting of the Medical Society of the County of Sullivan, on November 21st.

Dr. Ralph S. Muckenfuss has returned from military service and resumed his duties as director of the Bureau of Laboratories of the New York City Department of Health. He was awarded the Legion of Merit for outstanding services in the European Theater of Operations.

Dr. Cornelius P. Rhoads, acting president of the New York Academy of Medicine and director of Memorial Hospital, has been appointed director of the Sloan-Kettering Institute for Cancer Research.

Dr. Philip R. White, who has been associated with the Rockefeller Institute for Medical Research, Princeton, N.J., for thirteen years, has resigned to accept an appointment at the Institute for Cancer Research at the Lankenau Hospital, Philadelphia, Pa.

Dr. Daniel Blain, New York, has been appointed director of the neuropsychiatric services in the Veterans Administration.

Dr. Isaac Starr, Milton Bixler Hartzell research professor of therapeutics, University of Pennsylvania School of Medicine, has been elected dean of the school, succeeding Dr. William Pepper who is retiring with the title of dean emeritus.

Dr. William W. Bolton, who recently returned from service overseas, has been appointed assistant director of the Bureau of Health Education of the American Medical Association.

Dr. Ernest L. Stebbins, Commissioner of Health of the City of New York, has been appointed professor of public health administration and assistant director of Johns Hopkins School of Hygiene and Public Health, according to recent reports.

Dr. Robert Elman, St. Louis, Mo., has been awarded the Samuel D. Gross prize for 1945, by the Philadelphia Academy of Surgery, for his essay entitled "Parenteral alimentation in surgery with special reference to protein and amino acids". The amount of the prize is $1,500.

Biochemistry Expansion at Western Reserve.—The Elizabeth Severance Prentiss Foundation, Cleveland, Ohio, has made a grant, which will probably amount to $500,000, to finance a greatly expanded department of biochemistry in the School of Medicine, Western Reserve University. The money will be paid to the university in quarterly payments over a period of ten years, "subject to certain conditions". An outstanding man in the field of biochemistry will be employed as head of the department with an able corps of assistants. The chair of biochemistry was left vacant recently when Dr. Victor C. Myers was appointed head of a new department of clinical biochemistry. Operating the two new departments, the School of Medicine will follow the British pattern of having one department of biochemistry to carry on research and give instruction in chemistry as it affects all forms of life, and another to perform a similar function as it affects more direct clinical observation and diagnosis of human illness.

Postgraduate Training at University of Illinois College of Medicine.—Refresher courses and special postgraduate training for physicians and surgeons returning to civil practice from the armed services is under way at the University of Illinois College of Medicine, Chicago. The first of the one-week to three-month refresher courses for specialists already has been offered. The three-month refresher course for general practitioners started on November 1st, and forty-six residencies for long-term specialist training and a number of research fellowships have been awarded. A three year grant of $90,000 from the W. K. Kellogg Foundation will aid in financing the program. The training was launched to help fill needs revealed by a survey of twenty-one thousand doctors in uniform. Sixty percent said that on demobilization they wished to take long-term courses leading to specialization, and more than one-fifth wanted short "refresher" courses before returning to civil practice. Fields in which they will be offered include ophthalmology and bronchoscopy, pediatrics, obstetrics, internal medicine, surgical diagnosis, psychiatry, and orthopedics.

General Kirk Receives Distinguished Service Medal.—Major General Norman T. Kirk, Surgeon General of the Army, has been awarded the Distinguished Service Medal by General Brehon Somervell, Commanding General of the Army Service Forces, in recognition of his "outstanding leadership—in directing the largest medical department in the history of the United States Army." The official citation said: "By careful planning, efficient administration, and dynamic example, he made possible extraordinary care for sick and wounded American soldiers—care which has never been equalled in any war. He supervised the selection of qualified medical specialists who were assigned to posts stretching from the forward areas to general hospitals in the Zone of the Interior. Under his able guidance every effort was made to utilize the newer methods of medical and surgical treatment and to develop new techniques. His plans for the care of battle casualties and outstanding efforts to prevent disease among the troops resulted in an enormous reduction in mortality and morbidity. Bearing tremendous responsibilities, General Kirk accomplished his trying task in a distinctly superior manner, thereby making a major contribution to the success of American arms."

Obituary

Smith Ely Jelliffe, A.M., M.D., Ph.D. (1866—1945)

Dr. Jelliffe came to medicine by way of botany and pharmacology. One can see how he was not satisfied with his early endeavors and how he kept reaching out with an insatiable curiosity until he came to man, then into what made man function and, finally, to what made him an emotional person. He was one of the few men who looked upon man as a complex organism with an integrated somatic as well as psychic functional mechanism which were interdependent, and he was always seeking to fix the blame for a disordered mechanism at the proper source.

He graduated from the College of Physicians and Surgeons, Columbia University, in 1889 and he also received his academic degrees at Columbia. Shortly after his graduation from Columbia he began to take yearly pilgrimages to Europe where he worked with the leading men in neurology and psychiatry, broadening his experience and knowledge and there, as well as in this country, he received recognition as a keen student and observer.

Medicine has seldom seen a man who was more familiar with the literature on both neurology and psychiatry. In most instances a neuropsychiatrist is better versed in one or the other of these two fields, but this was not the case with Dr. Jelliffe. It would be difficult to say in which he excelled for he was considered an authority in both fields.

Early in his medical career he met Dr. William A. White, who was head of St. Elizabeth's Hospital in Washington, and they formed a close friendship that lasted until Dr. White's death. They spent a great deal of time together and seemed to have the same point of view in regard to both psychoanalytical and neurological work. Together they wrote the *Modern Treatment of Nervous and Mental Diseases, The Diseases of the Nervous System* and the *Technique of Psychoanalysis.*

Dr. Jelliffe was a member of numerous scientific organizations and in most of them he became at one time or another the guiding spirit and held an important office. He appeared frequently as an expert witness in various trials—most famous of which was the Thaw trial.

He was the editor of several scientific publications—*The New York Medical Journal, Medical News* and *The Journal of Nervous and Mental Disease.* He translated a great many scientific works from French and German publications, and wrote innumerable articles, some of which appeared in the Medical Record.

A few years ago, at the Academy of Medicine, he was tendered a *Festschrift* in honor of his fiftieth year as editor of *The Journal of Nervous and Mental Disease.* Leading neurologists throughout the United States came to this memorable gathering. It marked the climax of his long and successful career, for shortly thereafter he retired from active practice.

When Freud first came out with his startling work on psychoanalysis, Dr. Jelliffe was interested immediately, and was one of the first to investigate Freud's findings. He soon became an ardent follower both in

theory and practice of Freud's work. One of Dr. Jelliffe's outstanding contributions to medicine was his endeavor to put on a scientific basis the effect of psychic disorders on somatic disturbances.

He was an eloquent speaker, extremely dynamic in his approach to all medical problems, and a keen opponent for those who disagreed with him. In the early days of psychoanalysis many disagreed with him and some still do. Nevertheless, even those who were most opposed to his beliefs and teachings always had acute respect for his knowledge and ability.

Book Reviews

Surgical Anatomy

A Manual of Surgical Anatomy. By TOM JONES and W. C. SHEPARD. Prepared under the auspices of the Committee on Surgery of the Division of Medical Sciences of the National Research Council. Numerous illustrations. Philadelphia and London: W. B. Saunders Co., 1945. Pp. 195. Price $5.00.

The "Division" which is subsidiary to the National Research Council has been doing an excellent job of issuing important military manuals at an exceedingly small cost. On the committee which deals with surgery are names of first importance in medical literature, such as Graham, Abell, Ivy, Balfour, Alton, Ochsner and Whipple, to mention only a few. The Committee on Information is composed of six members, and includes Dr. Lewis H. Weed and Dr. Morris Fishbein. Dr. Norman T. Kirk, Surgeon General of the Army, and Dr. Ross T. McIntire, Surgeon of the Navy have written two separate "Forewords". They say that the illustrations are from actual dissections in most instances save where line drawings are used. In any case accuracy and readiness of reference are the essentials and they are here for the perusal of those in the armed forces or for civilian surgeons alike. The colored plates are excellent, and the black and white are incisive and quickly understandable. Toldt, Zuckerkandl and others did this sort of thing years ago, and so there is nothing "new" about the enterprise, but it is all-American and, therefore, proves that we need not "go abroad" for manuals of this sort since they can be done so well in our own land. The cross-sections showing the anatomical "relations" of important structures are exceedingly helpful since the "levels" at which they were made are denoted by dotted lines. Wherever possible, the legends are printed on the organ itself, e.g., "lung" or "liver", a method which has been used in Gray and other anatomies for many years.

Diseases of the Biliary Tract

Diseases of the Liver, Gallbladder and Bile Ducts. By S. S. LICHTMAN, M.D., F.A.C.P., adjunct physician, Mount Sinai Hospital. With 122 illustrations, and one colored plate. Philadelphia: Lea & Febiger, 1942. Pp. 906. Price $11.00.

To the laity "the liver" has always been a subject for wild speculation, and has undoubtedly suffered much in consequence. Of all symptoms, jaundice is perhaps the best evidence of biliary tract upset, but it may not be the most important; for back of the yellowed skin is some cause which may be a simple infection, or malignancy! Even with gross pathology in the liver lobules, the liver may yet remain "silent", for this organ has unique regenerative powers and a great functional reserve. Lichtman attempts to soothe the diagnostic blunderer and says accuracy in diagnosis need not "trail" that of heart or kidney. If there is jaundice, itching of skin, bradycardia, anorexia, loss of weight, muscular weakness, abdominal pain and fever plus tenderness over the free border and a palpable edge, "liver disease" may be assumed. In gallbladder attacks we have, of course, the radiating pain into the right shoulder which is fairly constant in its frequency. "Hepatology", the author writes, "may now be rated among the advanced branches of medicine. The chemical laboratory has contributed methods for analysis of body fluids for bile pigments, bile salts, lipids, and various products of metabolism", and yet, one need not depend on the laboratory; for "the essentials of diagnostic procedure are at every physician's command without need for elaborate equipment. The more intricate tests are intended for hospital practice and investigative work". Treatment, other than surgical is bed rest, bowel hygiene, dextrose therapy, calcium, liver extract, thiamine chloride and other vitamins, and the "spa". But it is not so easy as that, especially if there is cirrhosis or atrophy, and these are the conditions which are diagnosed most often at necropsy.

Men Under Stress

Men Under Stress. By LT. COL. ROY R. GRINKER, M.C., and MAJOR JOHN P. SPIEGEL, M.C., Army Air Force. Philadelphia: The Blakiston Co., 1945. Pp. 484. Price $5.00.

Both of these neuropsychiatrists were formerly in the Department of Psychiatry, Michael Reese Hospital, Chicago. Dr. Grinker was a Fellow of the Rockefeller Foundation. At "the front", chiefly in the Mediterranean area, one assumes, these specialists have seen and talked with hundreds, perhaps thousands of young men, before and after combat. If anyone of us has criticized induction doctors for "inefficiency" or "stupidity" in passing candidates and qualifying them for training as flyers, he will get a different viewpoint after reading this book. It is full of case histories which will prove or disprove nearly everything the armchair surgeon has said or written concerning flying. One man who had been a commercial and test pilot with four thousand hours in the air was sent through as more than qualified. He made a poor showing and ended as disastrously unfit. Boys who never have known or seen sickness, suffering or death become "psychotic" when a much beloved buddy, spurts blood on them and dies at their side. How many of us understand or can analyze our own mental reactions as civilians under the vagaries of life as it comes day to day? We may think we are "tough" or can "take it", but this is an idle boast. There is a point in everyone's life beyond which he cannot go and remain sane and normal, judged by ordinary standards. Aerial combat is "out of this world". It is true that almost anyone can learn to fly, but when faced by unusual conditions of weather, or if he realizes that he is lost somewhere between earth and sky, panic is almost sure to unsettle his reason or judgment, and if he has other lives in his hands, the worry is unspeakable. Add to this the roar of battle, the dreaded "flak", the loss of plane control, the cries of wounded friends and you have a sorry picture. However, skillful treatment after a man is grounded often brings him back to normal life possibilities, but not often to continued flying.

Regarding "shock treatment", the authors disap-

prove of trying to cure one shock by giving another, and our Air Forces have interdicted this for flying personnel, in the U.S. or elsewhere. It is a form of cruelty and can only be considered in the most "intractable cases". They have had good results with narcosynthesis (pentothal sodium) which is a short cut where time is of the essence. This is an excellent book.

Hematology

Atlas of the Blood in Children. By Kenneth D. Blackfan, M.D., late Thomas Morgan Rotch professor of pediatrics, Harvard Medical School; and Louis K. Diamond, M.D., assistant professor pediatrics, Harvard Medical School. With illustrations by C. Merrill Leister, M.D. London, and Baltimore: The Commonwealth Fund, 1944. Pp. 320. Price $12.00.

Illustration is essential in hematology. The inadequacy of language to convey the appearance of disease to the mind renders an appeal to the senses desirable whenever it can be employed, and when the objects themselves cannot be presented the best substitute for them is to be found in pictures. Hematology is but a branch of general medicine, and physiology brings much of significance to it.

Although the diagnosis of a blood disorder may sometimes be made from a study of the peripheral blood, very often the clinical manifestations of the patient together with a blood examination establish the diagnosis. Diseases called blood diseases often affect quite other parts of the organism than the blood. For example, gallstones may cause the presenting symptoms in a case of chronic hemolytic jaundice and the earliest sign of acute leukemia may be arthralgia. It is therefore entirely fitting that diseases of the blood be discussed by clinicians deeply interested in this subject rather than solely by men devoting much time to the laboratory aspects of the blood.

There has always been need for pictures of the blood of children, The child's blood shows much greater variation from normal than the adult's. The lability of children's blood is the rule. In fact, in the infant the hematopoetic equilibrium is even less well established than in the child, and the younger the individual the greater the instability of the blood. Leukocytosis may be more striking, nucleated red cells may appear where only polychromatophils would develop in an adult, and myelocytes and even myeloblasts may be found instead of the usual moderate "shift to the left" in adults. Lymphocytosis develops with much greater ease in children and the blood platelets also may fluctuate with rapidity. All these and other alterations of the three different formed elements of the blood make the diagnosis or the evaluation of the blood picture in a child more difficult.

The fact that this is an "atlas of the blood in children" does not limit its usefulness to practitioners of pediatrics. There is essentially no blood disorder in adults that is not seen in children except Addisonian pernicious anemia. However, the reaction of the blood in young individuals and in adults to the same stimuli is quite different. A disease given the same name in children and in adults may present different blood pictures, and it is important that the differences be emphasized so that more accurate interpretation of the blood will be made in children.

For many years the late Dr. Blackfan and his associate, Dr. Diamond, studied the blood extensively and both have been unusually well qualified to discuss it. Dr. Blackfan always emphasized in his teaching the need for good illustration of the blood cells. Dr. Leister, a rare combination of pediatrician and artist, made it possible for the authors to accumulate splendid, accurate paintings of the blood for the use of students and practitioners of medicine.

It was the happiness of patients that Dr. Blackfan felt came first of all. His keen interest in the blood arose from his conviction that it required years of mature experience to treat the individual patient with a blood disorder no matter what the laboratory examinations did or did not show from a hematological viewpoint. However, his real sympathy and concern for the patient never interfered with his determination to gain all possible information about the underlying disease. Tremendous perseverance on Dr. Blackfan's part led to the accumulation of all the knowledge so well illustrated and concisely stated in this *Atlas of the Blood in Children*. His untimely death on November 29, 1941, deprived us of a master pediatrician and a great teacher.

Internal Medicine

Intern's Handbook. A Guide, Especially in Emergencies, for the Intern and the Physician in General Practice. By members of the faculty of the College of Medicine, Syracuse University, under the direction of M. S. Dooley, M.D., professor of pharmacology, and Maynard E. Holmes, M.D., professor of clinical medicine. Third edition. Philadelphia, London and Montreal: J. B. Lippincott Co., 1944. Pp. 579. Price $3.00.

This valuable guide for intern and general practitioner condenses all specialties into a quick source of reference so essential in everyday emergencies. Its purpose is to abolish therapeutic nihilism and establish scientific pharmacology for therapeutic application. Exact diagnosis is stressed as a basis for satisfactory treatment. This handbook reveals medical, legal and social relationships between the intern, hospital and public; laboratory procedures; medical diagnosis and treatment surgical diagnosis and treatment; and modern therapeutic procedures.

Common Ailments

Common Ailments of Man. Edited by Morris Fishbein, M.D. Illustrated. New York: Garden City Publishing Co., Inc., 1945. Pp. 177. Price $1.00.

The conditions included in this book are among the most frequent of those which cause people to consult physicians. Many of the conditions are symptoms rather than diseases. This applies, for instance, to headache, constipation and backache. For that very reason the best advice that can be given to anyone who has one of these symptoms is to consult a competent doctor and to get a scientific diagnosis and an accurate recommendation as to treatment. Self-treatment is dangerous. It is dangerous because it postpones scientific diagnosis, and because it does not permit the prescription of the best possible remedy for the individual concerned in the amount necessary for his case.

With these considerations in mind, people may nevertheless know with advantage many of the main facts about the conditions that trouble them. Education of the public in health and in the nature of disease is one of the objectives of the American Medical Association. This objective led the Association to establish *Hygeia*, a health magazine for the public. The articles that are included in this book were published in *Hygeia*, and have been revised and brought up to date.

SHOULD ORDINARY HOSPITALS BE USED AS MEDICAL SCHOOLS?

CARLO SAVINI, M.D.,
New York, N.Y.

There is a great difference between a hospital dedicated exclusively to curing the sick and a hospital which is also used as an institution for teaching young doctors. Hospitals dedicated only to treatment of the sick do not need the many requirements which are indispensable in teaching institutions. In the former the attention of doctors is directed totally to the patients, while in the hospitals used as schools such attention is directed more to the students.

As it is essential to give that practical instruction to young doctors in hospitals, it is interesting to discuss the question if such teaching could be given in any ordinary hospital or if it is necessary to create special new hospitals for this purpose.

Although medicine is an old science and has been practiced since oldest times, only a relatively short time ago has it acquired a true scientific foundation.

It is less than one hundred years that medical education has been improved in Europe, but it is not yet fifty years that a movement was started in America to perfect medical practice. As a consequence of changes in institutions dedicated to medical education and to the rigid control over hospital work and over the work of individual physicians, medicine is practiced now in quite a different manner from the way it was practiced in the last century.

If America was the last to adopt such improvements we can say that now it is probably at the head of all countries in the regulation and control of the practice of medicine. Although perfection has not yet been reached, the changes that came to pass in the science and especially in the practice of medicine in such a short time are astounding. Probably there is no other science or profession that has progressed so rapidly. And what is more remarkable is that not one of these improvements is directed at the enhancement of the material or financial condition of physicians, but all are aimed at improving medical science and safeguarding the health of patients.

These changes are due entirely to the voluntary work of physicians, and were not imposed upon the medical profession by any decree of any government. The American Medical Association, since it was reorganized in 1901, gave impetus to this progress, aided by the American College of Surgeons founded in 1913. No words are sufficient to praise the painstaking and intelligent work done by these two associations to raise the standard of American medicine.

In a relatively short time great progress was attained, but it is evident that a great deal still remains to be done. Marked improvement was made in the instruction given in medical schools, and in many hospitals there are now established graduate training courses that afford an opportunity for physicians after they have been in practice to perfect their knowledge in the different specialties. But in the period immediately following graduation from medical schools, the young physicians are left without a proper guide at a time when a good guidance is imperative.

Schools of medicine now require four years of attendance and upon graduation the student receives the title of Doctor of Medicine, while in reality the teaching during the four years of medical school is insufficient to enable the new doctor to practice medicine. Therefore, after graduation from medical school a period of practical teaching is essential in order to permit the young doctor to come into contact with patients so as to learn the difference between the theoretical and schematic idea of diseases and the human beings affected with them.

Such practical instruction and training should be considered indispensable before authorization to practice medicine is granted to new doctors. The real remedy to obviate such lack of training would be to increase the period of instruction in medical schools or to add a period of practical teaching before bestowing on the student the title of Doctor of Medicine. But to add years to the curriculum, or to create special additional schools seemed too radical a procedure, certainly too expensive and probably unpopular. So in some states the recent graduates are obliged to serve for a short period as interns in a hospital before being authorized to practice; but in other states such graduates are allowed to practice as soon as they pass the State Board examinations, and are not even obliged to serve a short internship.

Such lack of uniformity in the different States for authorization to practice medicine should be remedied and a standardization of studies and of examinations in medical schools throughout the United States should be adopted. With the influence of the American Medical Association this improvement could be obtained.

A short period of internship cannot substitute the teaching a new graduate needs after the period of instruction received in the medical schools. The young graduate also needs special practical instruction before he is accepted as an intern. Interns occupy a responsible position in the hospital. They are a necessary part of the staff and are useful and important. A new intern can be unsafe, not for what he does not do, but for what he may occasionally do.

It is not to be inferred that new graduates could receive the necessary instructions by enrolling in one of the graduate training schools.

More than five hundred hospitals in Canada and in United States are now authorized to act as schools for training physicians that are already in practice in various branches of medicine. To use these courses to teach new graduates is obviously only a complacent and transitory solution because the instruction given in the graduate training courses is directed at making specialists in the various branches of medical practice, while what is necessary for the new graduate is the opportunity to learn something about the general practice of medicine. During this period the teaching for the new graduates should be almost exclusively medical. Lanfranci, in the thirteenth century, said that a good surgeon should also be a good physician, and this still holds true. In the beginning, then, all new doctors should strive to become first of all good general prac-

titioners. It is only later on that some of them may choose to practice surgery only, or some other specialty.

As there is no doubt that such instruction can properly be given only in a hospital, the disputable point is whether for this purpose we can use any of the numerous hospitals functioning now only as institutions for the treatment of patients, or whether it is necessary to create new hospitals.

The great majority of hospitals in the United States are socalled voluntary hospitals. Only their managers know how difficult it is for most of them to make ends meet and to balance the budget at the end of each year. It is only by great sacrifices on the part of the personnel and with the greatest economy that they have been able to treat a limited number of free and semiprivate patients. The only income for most of these hospitals comes from private patients or from donations of patrons. The majority of them are built and equipped only to treat patients, and few of them have the conveniences necessary for a teaching institution. To render many of these hospitals suitable to serve as schools would require an expense most of them cannot afford.

The work done by these hospitals is important and necessary to the community and should not be disturbed by the attempt to make of them medical schools that at best can only be problematically good schools.

One of the weak points of our hospitals at the present time is the great amount of paper work requested of physicians and of all departments. When a hospital is acting as a medical school, its prestige is probably enhanced but so is the volume of work.

Hospitals would be greatly improved if the mass of unnecessary paper work were drastically reduced, if the running of all departments were more simplified, and if physicians could give to the observation and care of patients the time now given to too many sterile academic meetings and conferences. If hospitals become teaching institutions, the exercise of their real mission—treatment of patients—might be handicapped.

Since the greatest amount of income comes from the money collected from paying patients, every voluntary hospital must give heed to the desires and complaints of patients. Hospitals need private patients as much as these patients need hospitals; so great importance and consideration must also be accorded them.

When patients enter hospitals, they desire only to be taken care of and to be cured properly and quickly. Most of them have no desire to serve as objects of study or of experiment and they want to be taken care of by physicians who have more experience in dealing with patients than with theories and innovations. A patient must have full confidence that he is in the hands of a practical physician. Just as all practical physicians may not be good teachers, it is also true that often teachers are not good practical physicians.

Every patient has a great admiration for the wonderful medical discoveries he reads about in the morning papers or hears over the radio, but generally he strongly resents serving as a guinea pig for the progress of medical science. It is common knowledge that many recent medical discoveries do not last long and are frequently even abandoned.

If ordinary hospitals are used as schools we must give consideration also to the physicians who would act as teachers in these schools. Besides taking care of patients physicians appointed to hospitals are obliged to attend a great many meetings and conferences, file reports, make out numerous charts and certificates, teach interns—in other words, they are already so overburdened with extra work that if they also have to teach, they probably would have no time left for the treatment of patients. But the objection to using every hospital as a teaching institution does not come from physicians but from the finances of the hospitals.

The staff of a hospital is generally in favor of belonging to a hospital recognized also as a medical school. The temptation to be called professor is difficult to resist, especially by the young members who are still affected by that enthusiasm for teaching that only passes away after years of practice.

Conclusion

In conclusion, it can be said that probably, with few exceptions, the majority of hospitals are not adapted to be used as schools for the new graduates. Without the glamour that the title of Medical School gives, every one of these hospitals fills a noble, useful and important function even when their activities are limited to giving the most careful and approved treatment to the sick.

The work of these healing institutions, as they are now, is so useful to the public that it should not be jeopardized by transforming them into teaching institutions. At present the majority of hospitals should not be used as schools for new graduates, but should be maintained as institutions dedicated solely to the treatment of the sick.

Of the few hospitals apparently adapted to serve as schools, it is advisable that only a limited number of them be authorized to teach when they give proof that their doctors are willing to teach and have had previous experience as teachers. It should no longer be taken for granted that the appointment of a doctor to the staff of a hospital is proof that he is also a good teacher.

It is so customary to have doctors teach without remuneration that the suggestion may now seem out of place that all doctors employed as teachers should receive a salary for their work. But we should look to the time when this prejudice will pass and the salary received for teaching will be considered as honorable as fees collected for consultations or operations.

In the future we must hope that the improvement in medical education will be recognized as a necessity for the welfare of the cities. When the intimate connection existing between general health and a good medical education is well understood, the public will be ready to pay for it. Then new hospital-schools will be built at the public expense and equipped with all laboratories and instruments necessary to teach and to do research work. In time these hospital-schools will be used also for graduate and postgraduate instruction of practicing physicians.

Physicians able to teach should be appointed as teachers and paid a salary that will permit them to dedicate all their time to teaching and to carrying on research work.

All expenses of these hospitals should be met by the states or cities. If the tuition fees paid by the students do not suffice, the balance should be considered as an insurance paid by all citizens for the health of the community. The education of physicians is the best safeguard for the good health of all.

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Medicolegal Notes

"Total Disability" Defined

Under the Kentucky rule as to definition of "total disability", a person engaged in tanning leather since his early youth, who lost his right hand and part of the fingers of the left, causing the loss of the sense of touch, was "totally disabled", even though he had been subsequently elected as a city commissioner, and was paid as such $1,500 per annum. (Deekert vs. Western and Southern Life, Federal District Court for Eastern Kentucky, 51 F. Supp. 44.) This case was affirmed by the Sixth Circuit Court of Appeals (142 F. 2d 554) for the reasons stated by the District Court in its opinion.

The clause in the life policy involved in this case defined total disability as such disability as prevents the insured "from performing any work or following any occupation or engaging in any business for wages, remuneration or profit." The District Court said: "The very nature of an employment growing out of a popular election is such that it cannot be considered in determining what is total and permanent disability within the meaning of the policy . . . It cannot be reasonably urged that an elective office for a short term of years is the 'business' and 'employment' contemplated by the contract of insurance."

This case, the court said, "dealing with an insured person whose usual and regular occupation depended entirely upon the use of his hands and who had had one of them entirely and the fingers of the other amputated, "was very different on its facts from those cited and found by the court leading to a different decision.

"The rule in Kentucky is well established that total disability exists within the meaning of the policy when it is of such a character as to prevent the insured from doing all the substantial acts required of him in his business." And the District Court held that the proof in this case amply justified the application of this "fair and just rule of the construction of a simple contract."

New Trial for Excessive Damages

A verdict of $122,000 against a city for slight injuries to the leg and head sustained by the plaintiff while in military service was held to be grossly excessive and to indicate that the jury "accepted as a fact the speculation of two doctors who saw the plaintiff only once, and then only for the purpose of testifying at the trial, and disregarded the positive testimony of four disinterested doctors and was influenced by emotion and considerations other than what constituted the fair preponderance of the credible evidence in the case. The award of $122,000 to a plaintiff who was subjected to only negligible physical pain and suffering, and who prior to the occurrence was on relief, and had never earned more than $30 to $35 per week, is clearly excessive, and, considering all the factors, could not have been arrived at on any reasonable basis. The amount awarded is so far in excess of reasonable compensation that the court will not attempt to fix the amount for acceptance in lieu of a new trial, because to do so in this case might fairly be said to be usurpation of the function of the jury." The court therefore granted the defendant's motion to set aside the verdict and for a new trial. Calderon vs. City of New York, Trial Term, 55 N.Y.S. 2d 674. 183 Misc. 672.

Expert Opinion Evidence

Where the opinions of the medical experts as to the existence of permanent injuries are hopelessly in conflict and cannot be reconciled, it becomes the duty of the trial court to fully, carefully and correctly instruct the jury on the law defining the proof necessary to establish permanent injury. This rule was applied at the instance of the defendant in a carbon monoxide poisoning case.

"To form a proper basis for recovery, however, it is necessary that the consequences relied on must be reasonably certain to result". (Illinois Supreme Court).

"Consequences which are contingent, speculative, or merely possible are not proper to be considered in ascertaining the damages. It is not enough that the injuries received may develop into more serious conditions than those which are visible at the time of the injury, nor even that they are likely to so develop". (New York Court of Appeals).

The jury is entitled to guidance from the court in a proper instruction as to the law in a case where an enlightened verdict is possible only if clearly instructed that preponderance of proof is required leading reasonably to the conclusion that the plaintiff's injury was "certain" to be permanent before recovery for permanent injuries could be had. Shelton vs. Thomson, Seventh Circuit Court of Appeals, 148, F. 2d 1.

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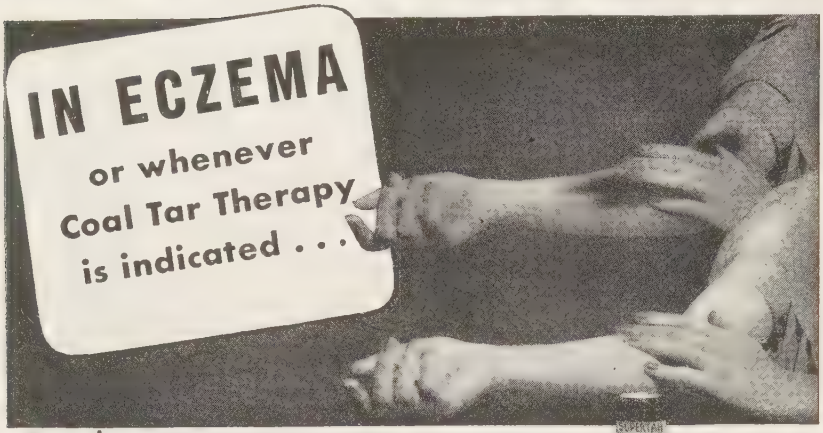

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Medical circles agree on the *therapeutic* value of coal tar preparations for eczema and other severe, oozing skin conditions. But many physicians hesitate to prescribe coal tar because the obnoxious qualities of the *black* tar preparations make the cooperation of the patient so uncertain.

For that reason, more and more doctors are prescribing SUPERTAH (Nason's), a *white* coal tar ointment. It "has proven as valuable as the black coal tar preparation", say Swartz & Reilly, (Diagnosis and Treatment of Skin Diseases, p. 66) but is FREE OF THE OBJECTIONABLE QUALITIES OF BLACK TAR. A contrast of its qualities with those of black tar explains why patients find SUPERTAH *pleasant to use*:

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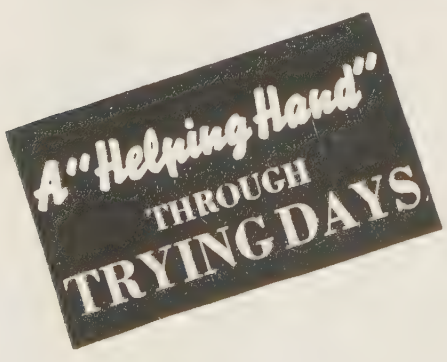
Physicians for India

A program intended to train about three hundred thousand physicians over a period of about thirty years has been adopted by the health survey and development committee, set up by the government of British India under the reconstruction committee of the council, according to the *Canadian Doctor*. The plan would provide at least one doctor for each thousand of the population, compared with the present ratio of about one doctor to ten thousand. The scheme is to be developed and expanded every five years and the work completed in six stages, it is stated. Existing medical institutions would have to be enlarged and new ones established and a public health directorate with a network of provincial auxiliaries would be needed, it was further said.

Education and Nearsightedness

About seven percent of all American children entering kindergarten are nearsighted, but the defect increases rapidly from grade to grade, with surveys indicating that approximately twenty-four percent of all students are nearsighted upon graduation from high school, according to the Better Vision Institute. In college, visual shortcomings continue to increase, with statistics indicating that thirty-one percent of the young men and women graduating from college are myopic.

There has been a gradual and noticeable increase in morbidity of tuberculosis in the aged.—Arthur Rest, M.D., *Amer. Rev. Tuberc.*, March 1942.



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Virtually any diet can be enhanced to a point of adequacy through the addition of three glassfuls of Ovaltine daily. Made with milk as directed, this delicious food drink supplies liberal quantities of most essential nutrients, as indicated by the table below. Qualitatively Ovaltine is equally valuable; it provides biologically adequate protein, readily assimilated and utilized carbohydrate, well emulsified fat, B complex and other vitamins, as well as essential minerals. Ovaltine proves advantageous both as a mealtime beverage and a between-meal snack. Its low curd tension insures rapid gastric emptying, hence it does not interfere with the appetite for the next meal.

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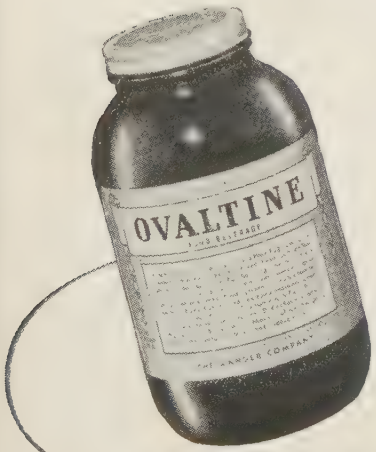

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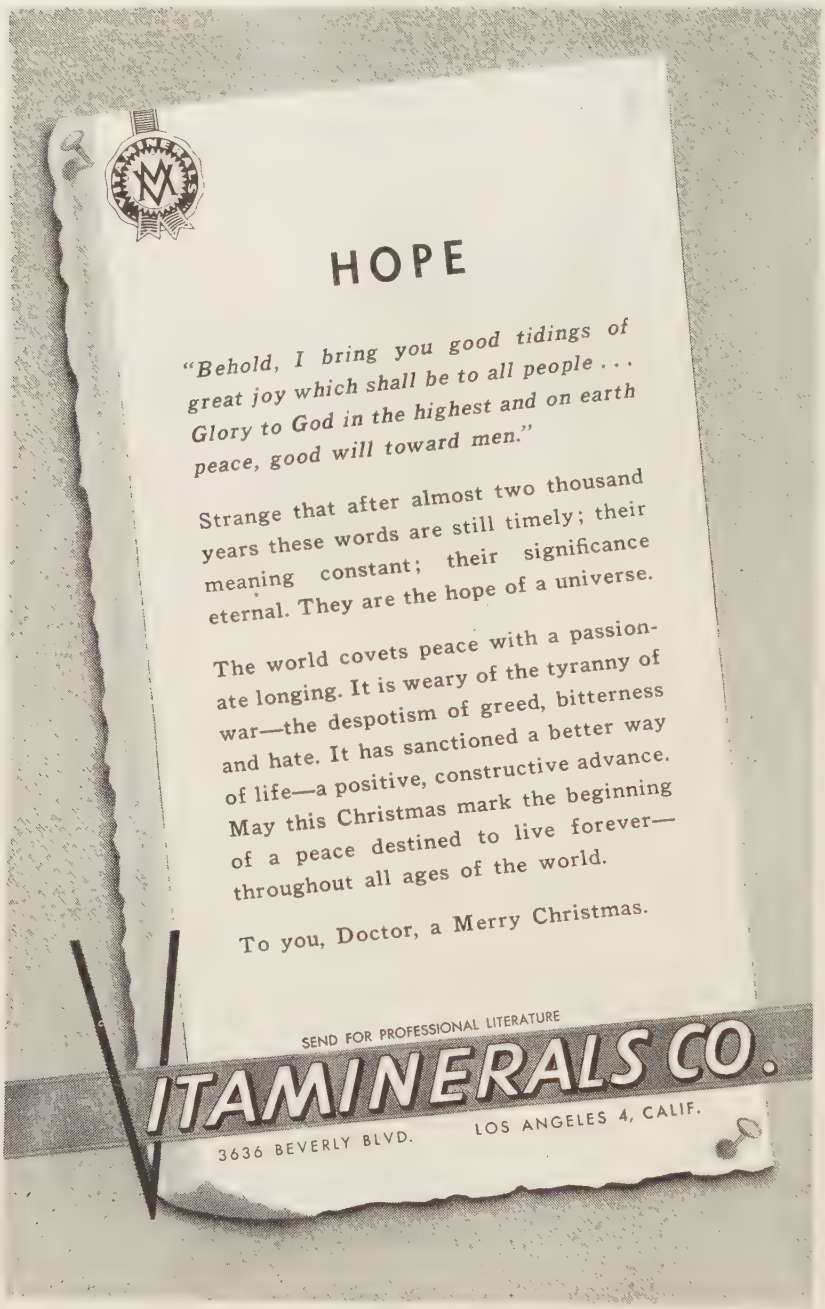
PHOSPHORUS	.903 Gm.	NIACIN	7.0 mg.
IRON	11.94 mg.	COPPER	.5 mg.

*Based on average reported values for milk.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Strange that after almost two thousand years these words are still timely; their meaning constant; their significance eternal. They are the hope of a universe.
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Public Health Programs in Uruguay

The republic of Uruguay, intensifying its efforts to fight disease both through health education and clinical care for the sick, is initiating widespread health programs throughout the country.

A National Congress on Tuberculosis will be held in Montevideo early next year, to study the medical and social aspects of tuberculosis, which is a major health menace in the country. The Congress is expected to discuss the need for adequate social legislation as an aid in the fight against tuberculosis, which would prescribe the means for proper nourishment, housing, clothing, and other necessities as preventive measures.

The second Pan American Congress of Ophthalmology will be held in Montevideo November 26th to December 1st. The first congress was held in Cleveland, Ohio, in 1940. Outstanding authorities in ophthalmology from the Western Hemisphere will present papers and lead discussions. In addition to regular meetings, numerous scientific exhibits, demonstrations, and visits to laboratories and clinics will be arranged.

Among the speakers will be Dr. Baudilio Courtis, Buenos Aires; Dr. H. Saul Sugar, Vancouver; Dr. Harry S. Gradel, Chicago; Dr. Peter C. Kronfeld, Chicago; Dr. Jorge Valdeavellano, Lima; Dr. Amadeo Natale, Buenos Aires; Dr. Santiago Barrenecnea, Santiago; Dr. George P. Guibor, Chicago; Dr. J. M. Espino, Caracas; Dr. Thomas Allen, Chicago; Dr. Luis Sanches Bulnes, Mexico; and Dr. Tomas R. Yanes, Havana.

In Payasandu, in the extreme western portion of Uruguay, a statewide radio campaign in sanitary education, sponsored by the State Department of Public Health, is being conducted, which will extend through the month of December.

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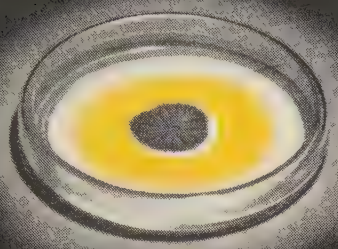

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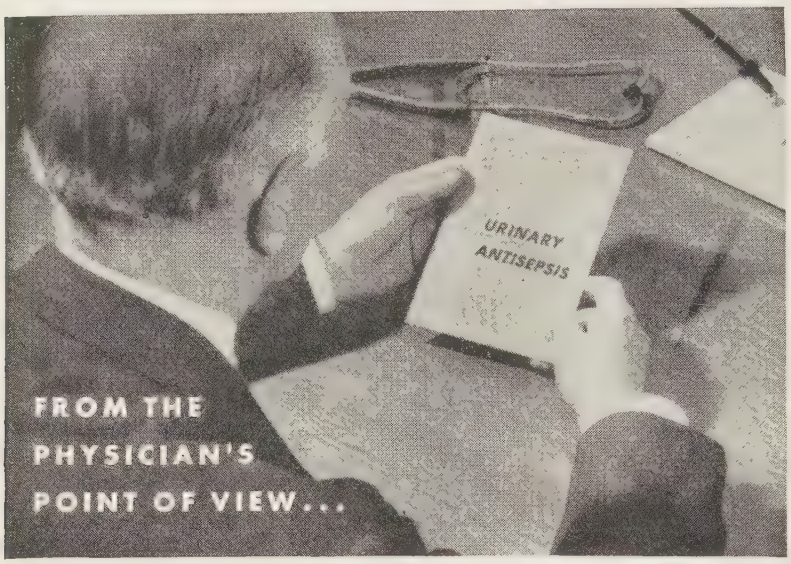

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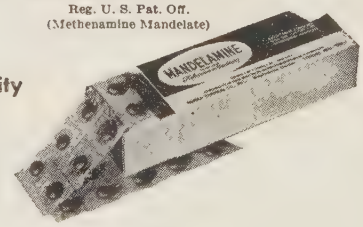

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Neuropsychiatric Discharges from the Army

The nation's total of soldiers who have been discharged from the Army for neuropsychiatric reasons has now reached 315,000, said Brigadier General William C. Menninger, director of the Neuropsychiatry Consultants Division of the Army Medical Department, in a recent talk before the New York Academy of Medicine. He described the problem as a postwar challenge to medicine, and expressed the hope that physicians would prepare themselves to accept and treat what the Army medical officers discovered were among their biggest problems—the emotional factors in the production of illness.

On the basis of the Army's experience with neuropsychiatric cases, which are referred to as combat exhaustion or combat fatigue, only about three to five percent of the soldiers suffered reactions due entirely to fatigue. The condition of the great majority was primarily a personality disturbance and treated as such, he said. Upon induction into the Army a soldier faces an entirely different life which in certain cases produces sufficient stress in the individual to bring him to the psychiatric breaking point. Confusion was routine in his life and the noise and whistles and flares of battle are beyond the imagination of anyone who has not heard and seen them. Dr. Menninger said that essentially the response is the same when an individual fails to adjust himself to his situation in civilian life as it is when he finds he cannot meet the demands of Army life.

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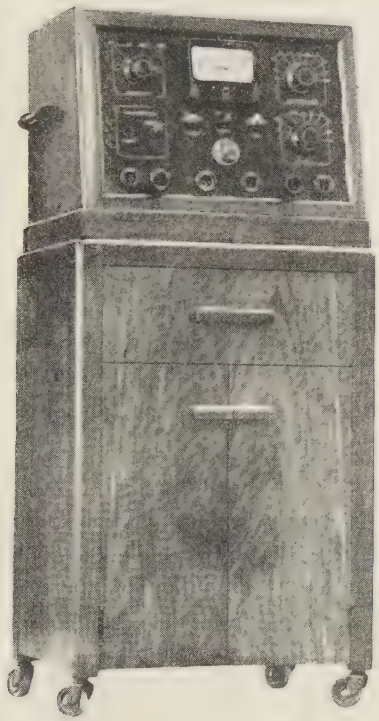

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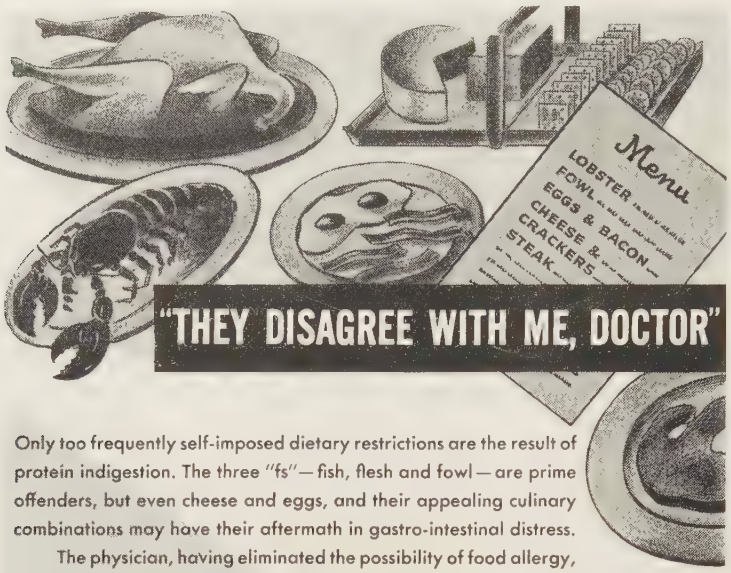

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Health of Army Dogs

The health of the Army's war dogs, the responsibility of the Veterinary Division of the Army Medical Department, has been maintained at excellent level, according to Brigadier General Raymond A. Kelser, director of the Veterinary Division. The Army Medical Department has done everything possible to give these dogs proper care, and though a wartime epidemic of rabies has been evident in civilian dogs, there have been no cases of rabies among Army dogs. New recruits for the infantry scout dog platoons or any other service are given vaccines to prevent rabies, and, for dogs under two years of age, inoculations against distemper. Dogs eligible for discharge are undergoing a detraining process to prepare them for a peacetime life again. Dogs declined by their original owners will be put on sale by the Army, and the demand for them has already reached a total of seventeen thousand applications.

There have been 18,372 dogs donated to the Army, of which 1,939 are still on active duty, 7,525 have been returned to their owners, and 389 (declined by original owners) sold to suitable applicants. Casualties have been extremely low.

The outstanding achievements of war dogs on the field of battle have more than justified the time and expense involved in training and caring for them. To date, individual dogs and infantry dog platoons have received a total of twenty-two citations for outstanding service in the line of duty.

Every home or environment in which there is an infectious case of tuberculosis is a stronghold of the tubercle bacillus which must be "cleaned out" through the persevering use of modern scientific control measures.—Robert E. Plunkett, M.D.

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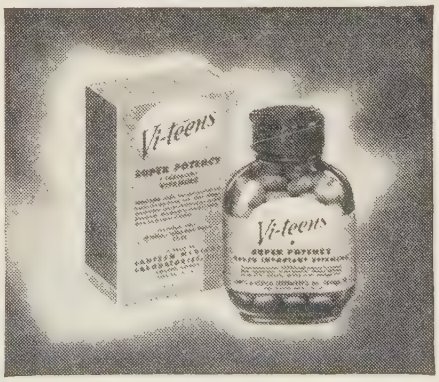

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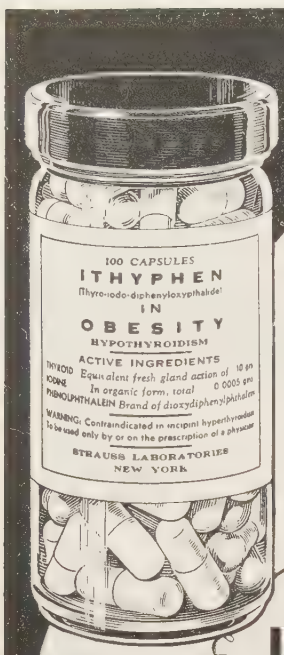

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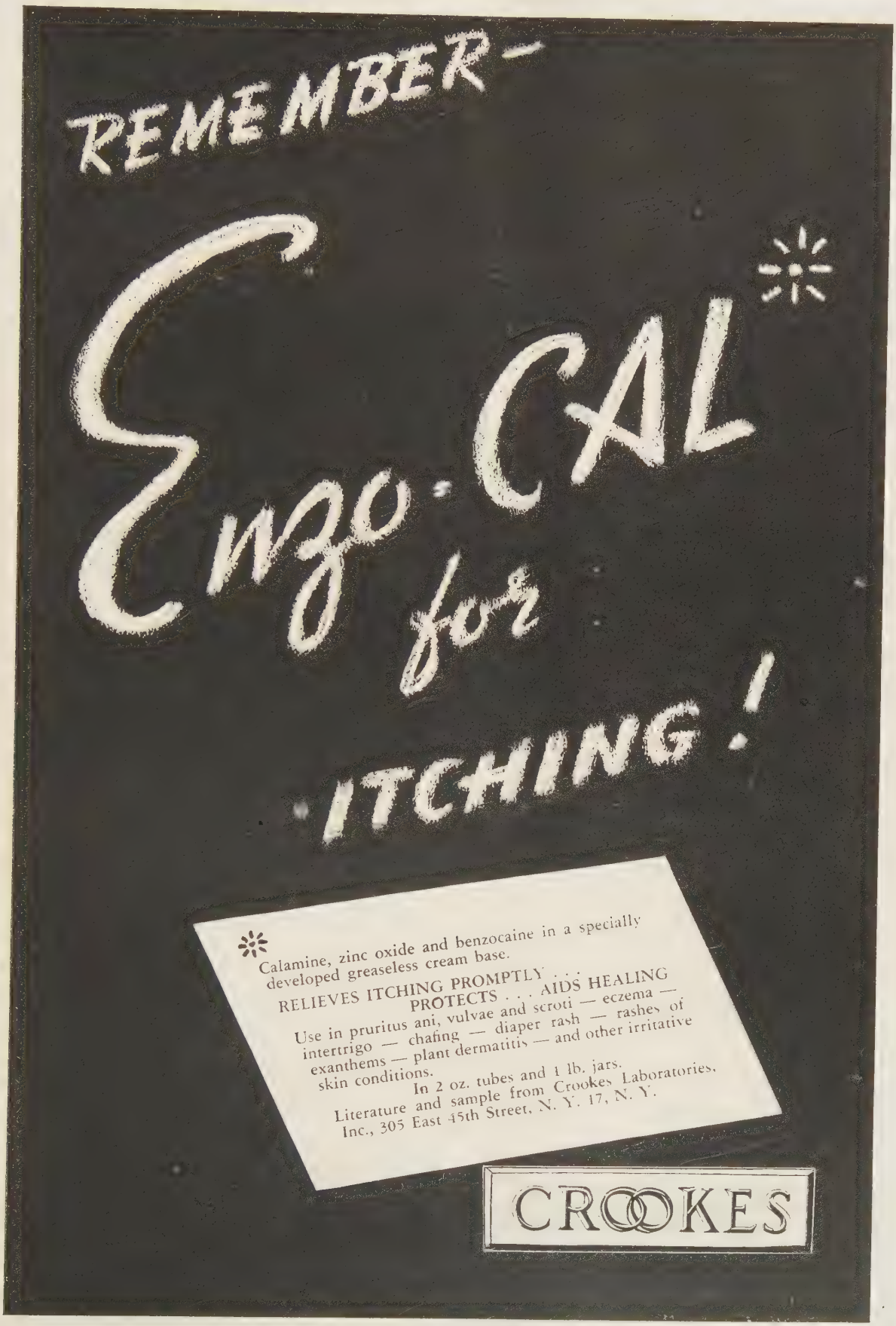
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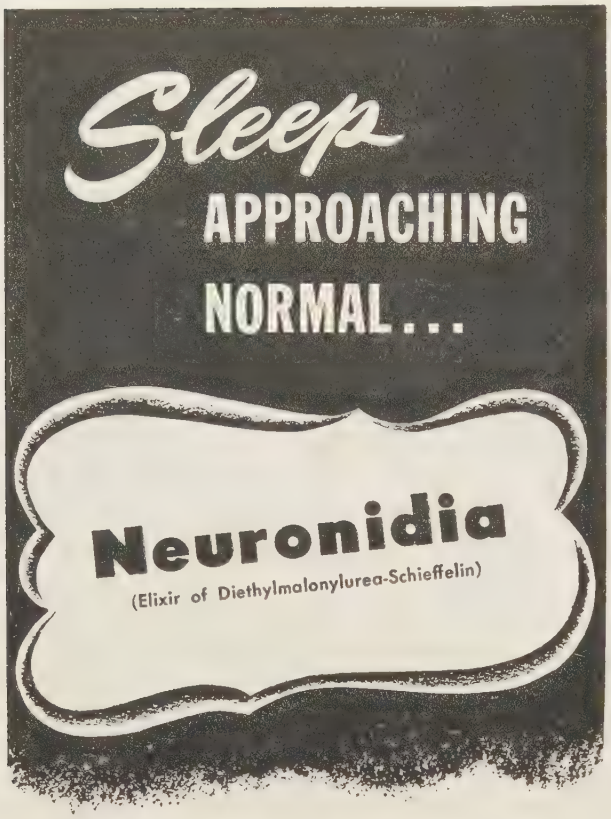

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Two New Vitamin Products

The United States Vitamin Corporation, makers of Vi-Syneral and other vitamin and mineral dietary supplements, have made available two new prescription preparations designed for the treatment of vitamin deficiencies, in conformity with the modern trend in nutrition which today emphasizes special products for the therapy of actual vitamin deficiencies.

Hypervitam Multiple Vitamins

Hypervitam is a multiple, high potency vitamin formula for the treatment of vitamin deficiency by oral administration. Hypervitam is based on wide clinical experience which finds that symptoms of avitaminosis are almost always multiple in character, and that intensive dosages of the lacking vitamins are required for satisfactory results. It is formulated on the famous statement by nutritionist Spies that it is "better to prescribe too much than too little, too soon rather than too late". In the opinion of well known clinicians the daily therapeutic dose of vitamins should be at least five times the maintenance dose, and best given in divided dosage.

For the treatment of sick, surgical, debilitated, and convalescent patients, a daily dose of *three* Hypervitam capsules provides: vitamin A, 30,000 U.S.P. units; thiamine (B_1) 30 mg.; riboflavin (B_2) 15 mg.; niacinamide, 150 mg.; pyridoxine (B_6) 3 mg.; calcium pantothenate, 15 mg.; ascorbic acid (C), 300 mg.; vitamin D, 3,000 U.S.P. units; alpha tocopherol, (E) 30 mg. Since nutritional failure may be associated with almost any disease, there are many indications for the prescribing of Hypervitam.

Lipo-Heplex B Liver Fractions

Lipo-Heplex is said to be a more complete oral preparation for the treatment of vitamin B deficiencies which may be expected to provide substantially greater and more rapid improvement than less complete formulas lacking one or more of the essential liver fractions. Lipo-Heplex combines three significant fractions of liver; aqueous, eighty percent alcohol insoluble, and lipoid with important crystalline B factors. This formula was arrived at following the laboratory and clinical revelation that (a) most common of vitamin deficiencies are those of the B complex, and practically always multiple; (b) the more complete the therapeutic preparations, the more likely satisfactory; (c) liver fractions added to crystalline factors produce better results than the latter alone, as many patients con-

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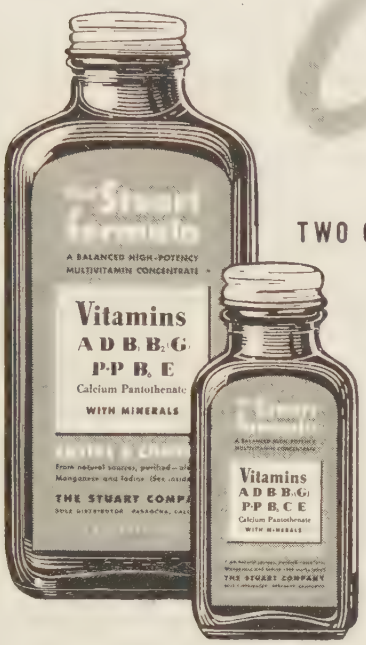

TWO CONVENIENT FORMS ★ TABLET AND LIQUID

2 tablets or 1 tablespoonful

STANDARDIZED TO CONTAIN AT LEAST:

Vitamin A (fish liver oil, purified esters)	5,000 U.S.P. units
Vitamin D (activated ergosterol)	800 U.S.P. units
Vitamin C (ascorbic acid; *tablets only*)	100 milligrams
Vitamin B_1 (thiamin chloride)	4 milligrams
Vitamin B_2 (riboflavin: grain extract—corn)	4 milligrams
Vitamin PP (niacin and niacin amide)	30 milligrams
Vitamin B_6 (pyridoxin)	0.2 milligram
Calcium Pantothenate	5 milligrams
Vitamin E concentrate (mixed natural tocopherols)	4 milligrams
Iron (ferrous sulphate)	15 milligrams
Manganese (manganese sulphate)	7.5 milligrams
Iodine (potassium iodide)	0.15 milligram

ALSO other members of the B complex from natural sources, including Biotin and Folic Acid.

Compare potencies, cost and completeness...with any other leading ethical multivitamin concentrate

NOTE:
The Stuart Formula contains a B complex from natural sources.

COST FOR 2 TABLET DOSE IS LESS THAN 5¢ PER DAY

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tinue to have unhealed vitamin deficiency lesions after long treatment with crystalline products; (d) a combination of aqueous and lipoid fractions of liver has been shown to be far more effective than either administered alone. This is so because of the removal of certain essential nutritional substances in the preparation of the usual aqueous liver extracts.

Each Lipo-Heplex capsule provides the vitamin extracts and concentrate (water-soluble, eighty percent alcohol-insoluble and lipoid fractions) derived from a total of 11.5 grams of liver, including folic acid fractions (Lactobacillus casei factor [Bc], etc.) biotin, inositol, and other nutritional factors present in the liver fractions. Each capsule contains:

Thiamine HCl (B_1)	2.0 mg.
Riboflavin (B_2)	2.0 mg.
Niacinamide	10.0 mg.
Pyridoxine HCl (B_1)	0.1 mg.
Calcium pantothenate	3.0 mg.
Choline	10.0 mg.
Inositol	5.0 mg.
Folic acid fractions	10.0 mg.

Hypervitam is supplied in bottles of thirty, sixty, ninety, five hundred, and one thousand capsules. Lipo-Heplex is issued in bottles of one hundred, two hundred and fifty, five hundred, and one thousand capsules. Detailed literature is available from the U.S. Vitamin Corporation, 250 East 43rd Street, New York 17, N.Y.

All Army personnel were inoculated during the months of October and November with a new influenza vaccine as a preventive measure against influenza epidemics, in accordance with an order from the Surgeon General.

An Impetus to Faster Recovery in

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GRAY'S COMPOUND is a palatable bitter tonic and digestant which stimulates the appetite and aids in the assimilation of necessary foods; it also aids in relieving coughs due to common colds. Optimum nutrition gives impetus to the physician's specific therapy and speeds recovery in respiratory and other conditions.

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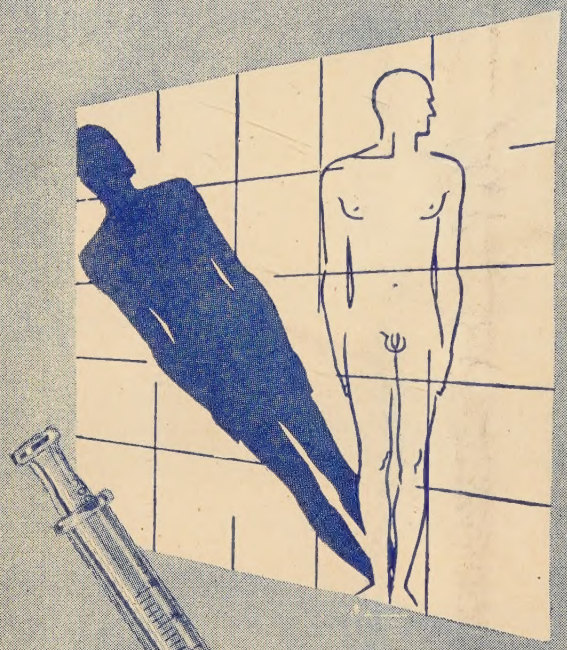

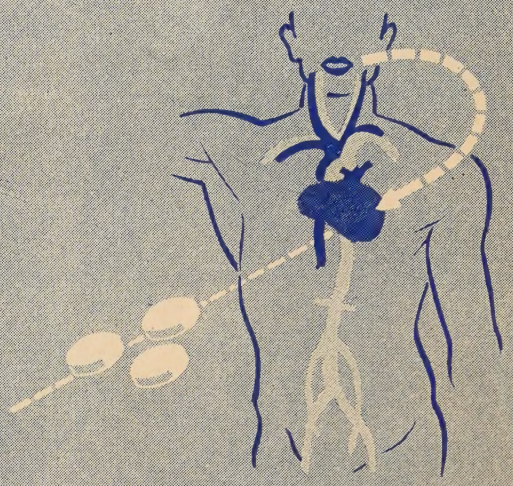

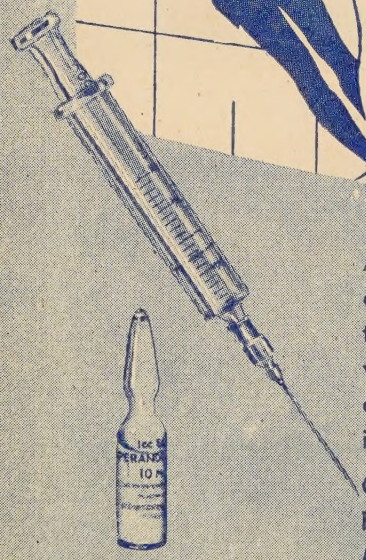

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